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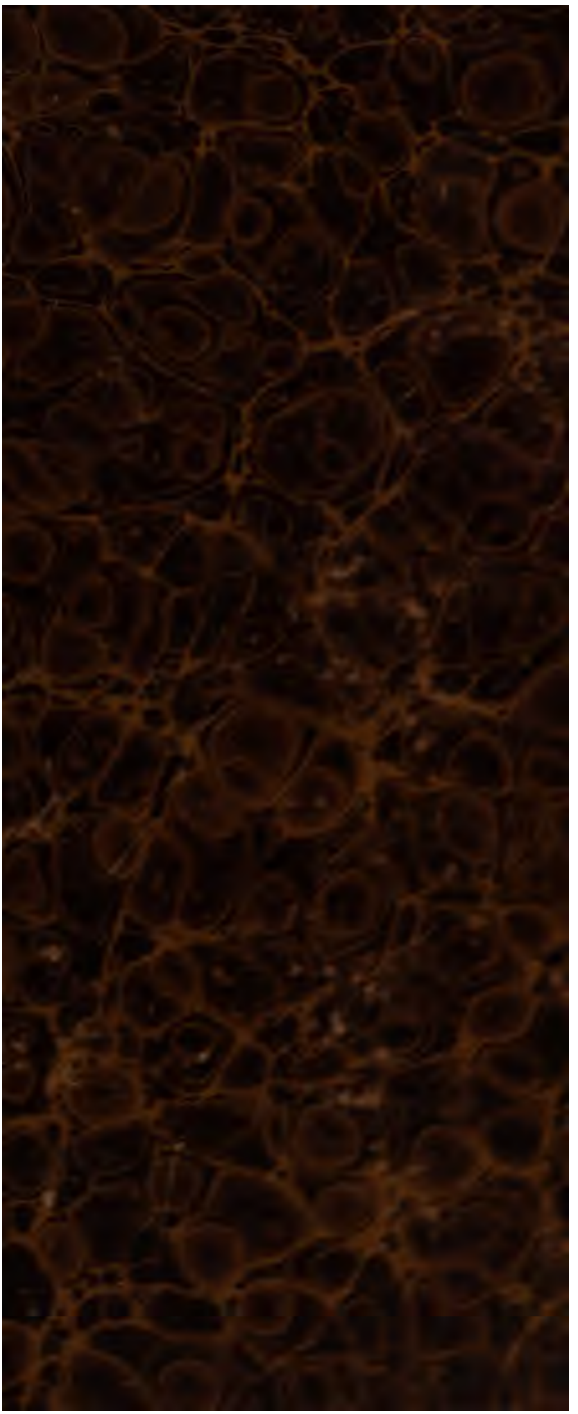

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THE

MEDICAL TRIBUNE

A MONTHLY JOURNAL

Devoted to Medicine, Surgery, and the Collateral Sciences.

EDITED BY

ROBERT A. GUNN, M. D

"Liberty must always be the noblest idea and impulse of great minds."—Madame De Staël.

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INDEX.

Page.

ABDOMINAL Supporter 157
Absorbents, Diseases of the 331
Academy of Medicine, Brooklyn 297
Acid, Lactic, in Phthysis 136
Aconite, Treatment of Acute Dysentery with 320
" Hydrophobia Treated with 394
" v. Salicylic Acid in the Treatment of Rheumatism 363
Addison's Disease 337
Air Passages, A Foreign Body in the 568
Albany Eclectic Medical Society 359
Albuminuria, Tannic Acid in 318
Alcott, Wm. A., M.D., on Medical Difficulties 287
Allen, Charles S., M.D., on Obstinate Constipation from Cancer of the Rectum 300
Allopathy As it Is 335
Ammonia Carbonate for Fibrinogenous Exudations 446
Amyl Nitrite in Parturition 386
Anæsthetics, Influence of, on the Heart 303
A New Look at an Old Remedy, by Geo. W. Winterburn, M.D. 111
Anemia, Therapeutics of 90
Another Anti-Vaccination League 132
Anti-Compulsory Vaccination in Massachusetts 170
Antidote for Strychnia 365
Antiseptic, Boracic Acid as an 273
" Methods, Surgery before and since 134
" Midwifery and Septicæmic Midwifery 302
" Surgery 390
Antiseptics in phthisis 499
" Two New Ones 410
Anti-Vaccination Meeting in New York 118
Apocynum Cannabinum in Anasarca 135
Arsenical Poisoning, Dialyzed Iron an Antidote for 388
A Seductive Drug, by Geo. W. Winterburn, M.D. 507
Aseptic Sponge Tents 503
Association, National Eclectic Medical 39, 122, 219, 265
Asthma, by Clark W. Dunlop, M.D. 195
" Euphorbia Pilulifera in 366
Atropine and Ergot as Hemostatics 182
Attics, Laconics and Scientifics 46
A View of Vaccination, by Alex. Wilder, M.D. 47

BALDNESS, Cure for 56
Ball, Wm. F., M.D., Allopathy As it Is 355
" Antiseptic Surgery 390
Band Prizes 44
Barnes, Robert, M.D., on Antiseptic Midwifery 302
Bath, Hot-Air, Perils of 399
Beatitude of Mordern Science 77
Beecher, H. W., on Protection 37
"Bends," The 185
Betulalbine in Urethritis 269
Billroth's Operations 362
Blood Poisoning, Carbolic Acid in 457
" Revolting Against 44

MEDICAL CENTER LIBRARY
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Digitized by Google

	Page.
Boils, Treatment of	497
Boracis Glycerinum, Treatment of Chancre by	281
Boracic Acid as an Antiseptic in Skin Affections	271
Breech Presentations	270
Bromoform	387
Brooklyn Aeademy of Medicine	297
Broughton, Matthew, M,D., on The Bends	185
Brown Sugar Under the Microscope	303
Buccal Cavtiy, Use of Iodoform in	351
" Ulcerations of Constitutional Origin	353
Burns and Scalds	497
" Soda a Remedy for	210
CAFEONE	338
Cancer of the Rectum, Obstinate Constipation from	
" The Pre-cancerous Stage of	117
Calcium Sulphide, Unusual Effect of	410
Campbell, Huldah T., M.D., on Euthanasia	1
Carbolic Acid in Blood Poisoning	457
" " Facial Erysipelas	133
" " Hemorrhoids	411
" Injections in Treatment of Hydrocele	87
" Hypodermic Injection of, in Ulcers, Carbuncles, etc	454
" Ode to	502
Carbonate of Ammonia for Fibrinogenous Exudations	446
Cascara Sagrada for Constipation	307
Case in Practice, by Wm. Jones, M.D	143
" of Non-Variolous Small-Pox	83
Castor Oil Plant as a Fly-Killer	365
Cavities in the Lungs, Opening and Drainage of	28
Celebrated Formula of Confucius	41
Cestoda, or Tape-Worms	479
Chancre, Treatment of, by Glycerinum Boracis	291
Chian Turpentine in Epitheliomata	277
Children, Constipation in	150
Cholera Coming	41
Chronic Corporeal Endo-metritis	328
Cimicifuga Racemosa for Headache	365
Cod-Liver Oil, Palatable	179
Coffee in Typhoid Fever	457
Color Blindness, Tests for	180
Comedones, Treatment of	88
Commencement of the United States Medical College	125
Confucius, Celebrated Formula of	41
Constipation, Cascara Sagrada for	307
" from Cancer of the Rectum	300
" in Children	150
Consumption, The Hygienic Treatment of	487
Convulsions Uræmic, Pilocarpine in	398
Cook, Geo. B., M.D., on Diseases of Nutrition	206
Copal Varnish for Aborting Felon	388
Corea, Treatment of	456
Corns, How to Remove them	367
Corrugated Paper as a Splint	321
Cullimore, D. H., M.D., Hydrophobia Treated Successfully with Aconite	394
Curative Oils	271
Curious Fragment from Celsus	81

Digitized by Google

Page.

DANGER in Sleep....492
Damiana, Therapeutic Effects of....306
Day, GEO. H., M.D., on Whom shall we Trust?....23
Diabetes Insipidus Treated by Ergot....260
Diagnosis, Importance of a Correct....284
" and Treatment of Tumors of the Bladder....537
Dialyzed Iron as an Antidote to Arsenical Poisoning....388
Difficulties, Medieal....287
Diphtheria, by John P. Nolan, M.D....52
Diplomas in Medicine....45
Disease, The Cause of Tubercular....251
" The Mosquito as a Carrier of....89
Diseases of the Heart, Treatment of....75
" " Veins, by Geo. W. Winterburn, M.D....10
" of Nutrition....206
" of the Absorbents....331
" " Os and Cervix Uteri....461
Discussions, Vaccination....264
Doctors' Protective Act in Pennsylvania....35
Doctrines, Formulated Eclectic....6
Drunkenness, Utility of....480
Dobson, Joseph, M.D., on Jennerian Insanity....200
Dunlop, Clark. W., M.D., on Asthma....195
" on Prayer and Faith as Curatives of Disease....524
Dyspepsia, Subacute Atonic....87
Dysentery, Treatment of Acute, with Aconite....820

EAR Affections from Dentition or a Carious Tooth....91
" in Childhood....91
Earache....124
Eclectic Doctrines, by Alex. Wilder, M.D....6
" Magazine....92
" Medical Association of Pennsylvania....179
" " " National....219
Eclectic Medical Society, Michigan....220
" " " Ohio....220
" " " Wisconsin....219
" " " of the State of New York, Annual Meeting of....494
Eclecticism and the History of Medicine....377
Eczema....409
" Salicylated Starch in....183
Endo-Metritis, Chronic Corporeal....328
Epidemic Jennerian Insanity, by Joseph Dobson, M.D....200
Epilepsy, Bromide of Sodium in....134
Epigastric Pressure in Obstinate Hiccough....136
Epitheliomata, Chian Turpentine in....277
Erysipelas....69
" Carbolic Acid in Facial....133
Ergot in Diabetes Insipidus....260
" the Treatment of Ulcers of the Leg....90
Esmarch's, Prof., Opinion of President Garfield's Wounds....504
Ether, Subcutaneous Injection of, in Pneumonia....411
Ethics, New York....108
" The Code of....263
Eucalyptus Globulus, by D. E. Smith, M.D....514
Euphorbia Pilulifera in Asthma....366
Euthanasia, by Huldah T. Campbell, M.D....1
Evil Effects of Vaccination....43

Digitized by Google

Page.
Excess of Fat 453
Exchanges 174
Expert Testimony in the Guiteau Trial 85
Experience of a Bald-Headed Man, by H. S. Firth, M.D 56

FAT, Excess of 453
Fading of Life's Autemn-Leaves 41
Fecundity, Remarkable Case of 387
Felon, Copal Varnish for 388
Female Physicians in India 42
Firth, H. E., M.D., Diseases of the Os and Cervix Uteri 461
" " Prolapsus Uteri 422
" " Woman and Her Disease 369
" H. S., M.D., on experience of a Bald-Headed Man 56
Flatulence, Acidity and Pyrosis, Glycerine in 29
Fly Killer, Castor Oil Plant as a 366
Foreign Body in the Air Passages 539
Free Trade in Medicine 31

GARFIELD'S Wounds, Prof. Esmarch's 504
Garibaldi, Last Hours of 312
German Naturalists and Medical Men, Fifty-Fifth Meeting of 483
Germ Theory of Diseases, Progress of 346
Glycerinum Boracis, Treatment of Chancre by 291
Glycerine, A Substitute for 192
Glyceroborate of Calcium Sodium 410
" in Flatulence, Acidity and Pyrasis 29
Gonorrhea, Treatment of 86
Goss, Prof. I. J. M., Practice of Medicine by 321, 336, 343
Grindelia Squarrosa, by J. A. Monk, M.D 254
Guiteau, Hanging of 312
" Trial, Expert Testimony in the 85

HAIR, Important Facts about 476
Hamamelis Virginica 272
Headache, Cimicifuga Racemosa for 365
" Fontal, Iodide of Potassium in 455
Heath, Heat and 60
Heart Disease, Hope for Sufferers by 131
" Influence of Anæsthetics on the 303
" Treatment of Diseases of the 75
Heat and Health 60
Helonias Dioica 415
Hemorrhoids, Carbolic Acid in 411
" Hypodermic Injections of Carbolic Acid for 454
" The Treatment of, by Crushing 242
Hemostatics, Atropine and Ergot as 182
Hernia, Strangulated, Exigencies of 281
" Jamaica Dogwood in 273
Hermaphroditism, A Case of 501
Hiccough, Epigastric Pressure in Obstinate 136
Hip Disease, Muscular Action in 354
Hitchman, Wm., M.D., Honor to 43
" on Vaccination 145
" Small-Pox and Its Treatment 293
Holy Crusade Against Disease in Massacheusetts 84
Homœopathic Practice, by A. H. Lloyd, M.D 104
Hooping Cough, by B. F. Underwood, M.D 521

Digitized by Google

Page.

Hope for Sufferers by Heart Disease....131
Howe, A. J., M.D., Exigencies of Strangulated Hernia....281
Hydrocele and Serous Cysts Treated by Injections of Carbolic Acid.... 87
Hydrophobia Treated Successfully with Aconite....394
Hygienic Treatment of Consumption....487
Hypodermic Injections of Carbolic Acid for the Cure of Ulcers, etc....454
" " " Pilocarpine in Uræmic Convulsions....398
" Medication, A New Wrinkle in....504
Hysteria in Man....212

Ice to the Spine....496
Illinois Eclectic Medical Society....361
Inebriaty, Coma in....502
" Etiology of....471
Influence of Anesthetics on the Heart, and on the Antagonisms of Poisons....303
Inhalation, Treatment of phthisis by....354
Insanity, Epidermic Jennerian....200
Infectious Diseases, Preventing the Spread of....128
Intercostal Neuralgia, Phosphorus in....452
Intra-Uterine Treatment....181
Iodide of Potassium in Frontal Headache....455
Iodine, Chlorinated Tincture of....136
" and Its Derivatives....247, 339
Iodoform, Use of, In the Buccal Cavity....351
" Treatment of Wounds by....440
Ipecacuanha, Its Effect on the Uterus during Labor....451
Iron, Dialyzed, An Antidote to arsenical Poisoning....388
Itch, French Treatment of....223

Jamaica Dogwood in Strangulated Hernia....273
Jones, Wm., M.D., A Case in Practice....143
" Brown Sugar under the Microscope....301
" on Tanner Out-Done....205

Kansas, Eclectics in....136
Kayner, D. P., M.D., Addison's Disease....337
Kunze, Richard E., M.D., on Lichen Circumscriptus.... 99
Kyphi....127

Labor, Effect of Ipecacuanha on the Uterus during....451
Lactic Acid in Phthysis....135
Legal Status of the United States Medical College....355
Legitimate Pharmacy....177
Legistation, An Appeal Against Medical.... 79
Lichen Circumscriptus, by R. E. Kunze, M. D.... 99
Light about to Shine in Darkness.... 83
Lindorme, C. A. F., M.D., Eclecticism and the History of Medicine....377
" Etiology of Inebriety....471
Linquist, M. F., M.D., Abdominal Supporter....176
" Mangifera India....429
Liquor Potassa, Snake-poison Treated Successfully with....457
Lloyd, Alfred H., M.D., on Homæopathic Practice....104
Local Anesthesia....386
Locomotor Ataxia, Nerve Stretching in....130
Lupus, The Micrococci of....256

Digitized by Google

Page.

MACCARONI as a Food 132
Magazine, The Eclectic 92
Malignant Tumors, The Electrolytic Treatment of 258
Maltine 271
" as a Constructive .....
" in Phthisis 490
Mangifera India, or Mango 429
Masked Pnuemonia, by John P. Nolan, M.D 139
Medical Association, Eclectic, of Pennsylvania 179
" " National Eclectic 39, 122, 219, 265
" Difficulties 287
" Legislation, An Appeal against 79
" " in New York 217
" Societies, Proceedings of 359
" Tribune, Fourth Volume 33
Medicine, Brooklyn Academy of 297
" Free Trade in 31
" Utopia in 389
Medicines, Proprietary 34
Merkell, G. Hermann, M.D., on Vaccination 93
Methyl Bromide 387
Micrococci of Lupus 256
Microbes in Pathology 433
Microscope, Brown Sugar under the 301
Midwifery, Antiseptics and Septicæmia in 302
Miracles Not Out of Date 172
MIRROR 33, 79, 125, 171, 217, 263, 309, 355, 400, 448, 493, 539
Misplaced Confidence, Victims of 221
Modern Science, Beatitude of 77
Monk, J. A., M.D., on Grendelia Squarosa 25
Mortality in New York 178
" Vaccination 175
Mortimore, S. E., M.D., on Chian Turpentine in Epitheliomata 277
Muscular Action on Hip Disease 354
Music in Medicine 276

NASAL Polypus 274
" Polypi, Removal of 45
National Eclectic Medical Association 39, 122, 219, 265, 311
Nebraska Eclectic Medical Society 361

NECROLOGY:

Darwin, Charles Robert 222
Springsteen, Dr. A. G 406
Spinzig, Dr. Charles 172
Nerve Stretching in Locomotor Ataxia 130
Neuralgia Intercostal, Phosphorus in 452

NEW PUBLICATIONS, Notices of

Ashley, Henry, M.D., a Memoranda of Physiology 138
Briggs, Jas., M.D., Nervous Diseases, and Magnetic Therapeutics 91
Crothers, T. D., M.D., The Trance State in Inebriety 226
Ellis, Prof. G. V. and G. H. Ford, Esq., Illustrations of Dissections of the Human Body 137
Fowler, E. B., M.D., Suppression of Urine 45
Griesinger, W., M.D., Mental Pathology and Therapeutics 413
Henech, Edward, M.D., on Diseases of Children 229

Digitized by Google

Page.

Hill, Prof. Berkeley, and Dr. Arthur Cooper, Students Manual of Venereal Disease 45
Hubbard, Dr. Fred. H., on The Opium Habit and Alcoholism 225
Kelsey, Chas. B., M.D., Diseases of the Rectum and Anus 458
Leonard, Henri L., M.D., Reference and Dose Book 459
Marriage and Parentage 224
Morse, Willard H., M.D., New Therapeutics Agents 411
Murrell, Wm., M.D., What to do in Cases of Poisoning 459
" " Nitro-Glycerine in Angina Pectoris 505
Noyes, Henry D., M.D., A Treatese on Diseases of the Eye 92
Palmer, A. B., M.D., LL.D., Homæopaahy 175
Phillips, Chas. D. F., M.D., on Materia Medica and Therapeutics 175, 239
Ranney, Ambrose L., A.M., M.D., Practical Medical Anatomy 342
Rockwell, A. D., A.M., M.D., Lectures on Electricity in its Relation to Medicine and Surgery 45
Salter, Henry H., M.D., Asthma: Its Pathology and Treatment 505
Tilt, Edward John, M.D., Hand-Book of Uterine Therapeutics and of Diseases of Women 49
Wilder, Alex., M.D., Transactions National Eclectic Medical Associations 342
New York Ethics Conforming to New York Practice 108
" Medical Legislation 217
" Obstetrical Society 447
" Post-Graduate School of Medicine 401
Nitro Glycerine 316
Nitrite of Amyl in Parturition 386
Nolan, John P., M.D., on Diphtheria 52
" " " Masked Pneumonia 139
Nutrition, Diseases of 206

Obesity and its Treatment 408
Ode to Carbolic Acid 502
Ohio Eclectic Medical Society 220
Oils, Curative 271
Opening and Drainage of Cavities in the Lungs 28
Operation of the Doctor's Law of 1880 310
Opium 507
Our Place in the Galaxy 42
Ovarian Tumors, Hints for the Diagnosis of 315
Ozena, Simple Method for the Cure of 354

Palatable Cod-Liver Oil 179
Parturition, Nitrite of Amyl in 386
Pathology, Microbes in 433
Pennsylvania, Doctors' Protective Act in 35
Perils of the Hot Air Bath 399
Pharmacy, Legitimate 177
Phosphorus in Intercostal Neuralgia 452
Phthisis, Antiseptics in 499
" Lactic Acid in 135
" Maltine in 490
" Treatment of, by Inhalation 354
Physicians, Female, in India 42
" Ignorance of 449
Phytolacca Decandra 499
Pilocarpine in Uræmic Convulsions 398
Pneumonia, Masked 139
" Subcutaneous Injection of Ether in 411
Podophyllum, Therapeutics of 231

Digitized by Google

Page.

Poison, Rattlesnake 78
Poisoning, Arsenical, Dialysed Iron an Antidote for 388
Poisonous Bites, Carbolic Acid for 454
Polypi Nasal, Removal of 453
Polypus, Nasal 274
Population of the Earth 85
Potassium Iodide in Frontal Headache 455
" in Pruritus Valvæ 269
Powell, R. W., M.D., on Erysipelas 69
Practice, Homœopathic 104
Prayer and Faith as Curatives of Disease, by C. W. Dunlop, M.D. 524
Presentations, Breech 270
Preventing the Spread of Infections Diseases 128
Prevention of Zymotic Diseases 533
Prizes, The Band 44, 84
Prolapsus Uteri 422
Proprietary Medicines 34
Protection, Rev. H. W. Beecher on 37
Pruritus Valvæ Relieved by Iodide of Potassium 269
Ptosis, New Operation for 317
Public Health and the Dangers of Vaccination 383

QUEEN of the Meadow 323

RADICAL Cure of Varicocele 456
Rattlesnake Poison 78
Readers, The Eye-Sight of 70
Rectum, Obstinate Constipation from Cancer of 307
Remedy, A New Look at an Old 111
Revolt Against Compulsory Vaccination in England 21
Revolting Against Blood-Poisoning 44
Rheumatism, Aconite v. Salicylic Acid in the Treatment of 363
" Local Application of Salicylate of Soda in 455
" Salicylate of Potash for 498
" " Soda in 270
" Treatment of Acute 214
Rhinacauthin, A New Remedy in Ringworm 183
Rhus 274
Ringer, Dr., Influence of Anæsthetics on the Heart 303

SALICIN 498
Salicylated Starch in Eczema 183
Salicylate of Potash 498
" Soda in Acute Articular Rheumatiem 270
" Soda, Local Application of, in Acute Rheumatism 455
Salicylic Ointment 498
Scalds and Burns, Soda a Remedy for 210
Scarlatina 367
" and the Soil 503
Scientific View of Vaccination 93
Sea-Sickness: Its Cause and Treatment 64
" Treatment of 265
Septicæmia in Midwifery 302
Skin Grafting 90
Sleep, Danger in 492
Small-pox and its Treatment 293
" Case of Non-Variolous 83
" from Vaccination 178
" Scare in Pittsburgh 39

Digitized by Google

	Page.
Smith, D. E., M.D., Cestoda, or Tape-Worm	479
" Importance of a Correct Diagnosis	284
" on Eucalyptus	514
Snake-Poison Ttreated Successfully with Liquor Potassa	457
Soda, A Remedy for Scalds and Burns	210
" Bicarbonate in Tonsilitis	184, 387
Sodium Bromide in Epilepsy	134
Soups and Broths	318
Spine, Ice to the	496
Splints, Corrugated Paper as	321
Sponge Tents made Aseptic	503
State Eclectic Medical Society	449
Stomatitis Ulcerosa	336
Strangulated Hernia, Exigencies of	281
Strychina, Antidote for	385
Study and Prevention of Zymotic Diseases	533
Subacute Atonic Dyspepsia	87
Subscribers, Pay up	406
Sugar, Brown, under the Microscope	301
Supporter, Abdominal	179
Surgery Antiseptic	390
" Before and Since the Antiseptic Methods	134
Syphilis	343
TANNER Out-Done, by Wm. Jones, M.D	205
Tannic Acid in Albuminuria	318
Tape-Worms	479
Tebb, Wm., Esq., Defeat of the Vaccination Law in Switzerland	471
" Exposure of Medical Vaccination Certificates	431
" The Public Health and Dangers of Vaccination	384
Teeth, Extraction of, in Pregnant Women	392
Tests for Color Blindness	180
The Bands Prizes	84
Therapeutics Effects of Damiana	306
" of Anemia	90
" of Podophyllum, by Geo. W. Winterburn, M.D	232
Thin, Geo., M.D., Treatment of Chancre	291
Thought-Reading, A Note on	436
Throwing Down the Shield	82
Tobaccoism	268
Tomato as a Dietary	491
Tonsilitis, Bicarbonate of Soda in	387
" Treatment of, by Bicarbonate of Soda	184
To Subscribers	184
Tubercular Disease, The Cause of	251
Tumors of the Bladder, Diagnosis and Treatment of	557
Turpentine, Chian, in Epitheliomata	277
Tuttle, Wm. L., M.D., Diseases of the Absorbents	331
Tyndall, Prof., on the Cause of Tubercular Disease	251
Typhoid Fever, Coffee in	457
ULCERATIONS, Buccal, of Constitutional Origin	353
Ulcers of the Leg, Ergot in the Treatment of	90
" Carbolic Acid for	454
Underwood, B. F., M.D., on Whooping-Cough	521
United States Medical College	151, 404
" Commencement of	125
" Legal Status of	355

Digitized by Google

Page.

Uræmic Convulsions and Coma Successfully Treated by Hypodermic Injections of Pilocarpine, Chloral and Benzoic Acid 398
" Convulsions 73
Uteri, Cervix and Os, Diseases of 471
Uterine Displacements, Improved Method of Treating 319
Uterus, Prolapsus of 422
" The Effect of Ipecacuanha during Labor 451
Utility of Drunkenness 480

Woman and Her Diseases 369
Women, A Purpose in Life for 267
Wood's Library of Standard Medical Authors 41, 137, 275
Worrying the Girls 500
Wounds, Iodoform Treatment of 440
" New Material for Drainage of Deep 368
Writer's Cramp 199

YOUNG, WM., on Revolt Against Compulsory Vaccination in England 21

ZYMOTIC Diseases, Study and Prevention of 533

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The Medical Tribune.

ERRATA.

In changing printers with the beginning of the year we have been unfortunate in having our forms go to press without the slightest effort at correction of proof.

In this errata we only attempt to correct the most glaring errors, which the reader will please observe.

Messrs. W. L. Hyde & Co., who have done our work heretofore, and whose name appears on the cover page, though they will have the work in the future, did not set this number and are not responsible for the errors.

Page 11, line 10, for "sat" read set.
Page 12, line 17, for "abrade" read approach.
Page 12, line 23, for "far" read for.
Page 13, line 13, for "light" read tight.
Page 13, line 19, for "of pains" read occurring.
Page 33, line 22, for "heinous" read strenuous.
Page 37, line 3, for "teratogeny" read teratology.
Page 39, line 3, for "1881" read 1882.
Page 40, lines 2 and 3 from bottom, for "views" read virus.
Page 44, line 18, for "diseased" read deceased.

article on this subject by Samuel D. Williams, of Birmingham, England. It is ably written and his ideas are presented with a fearlessness that bespeaks conviction. Although I cannot accept all the views of the writer, nor take as doleful a view of life as his essay

* Read before the West Side Medical Society, Nov. 3rd, 1881, by HULDAH T. CAMPBELL, M.D.

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would indicate, it impressed me at the time as a method well calculated to mitigate human suffering; and that impression has become a conviction, since through the duties of my profession I have been brought face to face with sickness, suffering and death.

We are all aware of the saddening fact that there are ills that baffle the science and skill of the most learned in the profession; before which the accumulated knowledge of centuries stands impotent and helpless; where hopeless suffering and inevitable death are the only verdicts human acumen can render. Those thus afflicted we have styled the incurables, and it is needless for me to bring in review the painful and heart-rending scenes that are enacted again and again before death releases her victims.

Who that has ever witnessed that insidious but fatal disease, or rather state of decay, called wasting palsy, where day by day the muscles lose their contractile power, become useless and burdensome till finally death comes to the rescue, or that equally dreadful affliction known as *paralysis agitans*, where the patient is literally shaken to death, that would not in his heart think a speedy termination of such slow torture a most desirable thing? Cancer is another disease that leads to a horrible and piteous death. Tetanus, hydrophobia, chorea, and other neuroses, that have passed beyond the domain of medical science, it seems to me are all cases where euthanasia would be humane practice, provided the patent desired it. Why, not then, instead of submitting to such inevitable misery, correct nature's methods by the means science has at hand—anesthesia carried to the point of that sleep that knows no waking. Mr. Williams pertinently puts the question: "Why should the patient about to be operated upon by the surgeon always have a refuge from suffering open to him, and yet the patient about to suffer at the hands of nature the worst she has to inflict, be left without help or hope of help?"

In support of the position that pain reconciles us to death, we have no less authority than the late Sir Benjamin Brodie, who once remarked that a very moderate amount of pain long continued would make any one heartily tired of life; and I think every experienced physician can indorse that eminent surgeon's observation: for how often do we hear suffering patients long to die, and how eagerly would they avail themselves of this means of relief, if such a course was sanctioned by friends and by the public. Should we not then with voice and pen seek to do away with the popular prejudice that

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sees in all this misery nothing but "the appointed lot of man," instead of encouraging the superstitious notion that the pain of death should be endured, because it is the penalty of sin?

If it is wrong to prevent the suffering incident to death would not the same argument forbid the prevention of any suffering whatever? If pain is sent as a schooling either to its victims or its witnesses is it not irreverent and presumptuous ever to try to relieve it? By the same line of reasoning would it not be wrong to administer opiates to the extent they are often given by physicians, and approved of by friends when they believe the case to be hopeless? On this point Mr. Williams puts the idea so much more forcibly than I can that I quote his words. He says: "Suppose a patient was certain to drag on through a whole month of hideous suffering if left to himself and nature, but that the intensity of his sufferings could be allayed by drugs, which nevertheless, would hasten the known inevitable end by a week; there are few, if any, medical men who would hesitate to give the drugs; few, if any—patient, or patient's, relations or friends—who would hesitate to ask that they should be given. And if this is so, what becomes of the sacredness of life? * * * * * It is not clear that if you once break in upon life's sacredness, if you curtail its duration by never so little, the same reasoning that justifies a minute's shortening of it, will justify an hour's, a days, a week's, a month's, a year's; and that all subsequent appeal to the inviolability of life is vain?"

To take another view of the subject; if we are bound in all possible ways to stretch to the utmost "the elastic thread of life" what becomes of the sentiment that stamps a man a hero who will voluntarily sacrifice his life for the good of others? If it is noble for a man to die to save others from sorrow and suffering, surely it is permissible at least, to take a like step, when the person to be recsued is himself. Where is the reason or justice of calling the one act heroic and the other cowardly? "He who would devote all that makes life worth having to the common good (including his own), and yet scruples about sacrificing for the same object a few days of agonized existence, is like a man who lavishes his grain, but treasures up the worthless husks."

Nature, or the Divine will, if you conceive it to be embodied and represented in nature, would leave a wounded and crippled animal to die a death of torture. Human tenderness steps in and relieves the suffering brute by hastening its death. Such an act is

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counted merciful, but if extended to a human being it becomes a crime. I am told I have no right to compare the life of a human being with the life of "the beasts that perish." Can you tell me why; for wherein does human life differ from that of the inferior animals, except in its capabilities for social and intellectual intercourse? It is to those only who are beyond the possibility of participating in the affairs of men, either for good or for evil, that the practice of euthanasia would apply.

The argument that such a practice would interfere with the sanctity of life seems to me groundless. It seems the veriest nonsense to speak of a life as 'sacred' that has become an intolerable burden to the possessor, a piteous and oftentimes repulsive spectacle to friends, and a blank in the community. If the word 'sacred' as related to life means anything, it means the obligation laid on each one of us to devote it to noble uses while we possess it. The truth is: death is as much in the order of nature as life, but some of her methods of killing are more cruel than has ever been devised by the wit of man. It becomes our duty then, to correct those methods as we do other portentous evils that exist in nature.

Another objection that can be offered by the opponents of euthanasia is, that there might be an abuse of the practice. Cruel and designing persons might take advantage of it to rid themselves of troublesome invalids. In short it would leave a way open for legalized murder. It appears to me the law might be so hedged about with precautions and limitations as to render the chances of a violation of it almost *nil*. But grant the possibility of it being perverted to base purposes, would it be an exception to other laws wise and good in themselves? If we rejected all reforms which might lead to contingent and remote evils no progress would be made. A Chinese wall would be erected at the threshold of every advance movement. and stagnation would be the result.

I have thus briefly given my reasons for advocating euthanasia, and in conclusion will cite one or two cases from my own practice, which firmly convinced me of the correctness of my position. In the fall of 1879, a woman 55 years of age, consulted me as to the advisability of of having an operation performed for cancer of the breast. On examination I found a large schirrous mass involving one-half of the right mammary gland, with considerable involvement of the axillary glands. As there was no appearance of external ulceration I

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advised an operation. Dr. Gunn was called in and removed the entire breast, and the would healed kindly.

About four months afterward a hard mass began to develop at the lower edge of the cicatrix, but she refused to have anything done for it till the disease had involved the integument for a considerable distance around the cicatrix, and the glands in the axilla had greatly enlarged. At this stage she again called on me for treatment, but the disease was so far advanced that nothing could be done except of a palliative nature. She now suffered with intense pain in the right arm. The hand and arm became greatly swollen and she could no longer move even her fingers. The discharge from the sore was very offensive, and it was impossible to keep the parts clean. She next suffered with severe sciatica, first on the right side and later on both sides. General œdema of all the extremities followed and the pain became more severe each day, if that were possible. She did not have a moment of freedom from this agony except when under the influence of large doses of morphia. She lived thus for nearly three months, a burden to herself, a care and even an object of loathing and disgust to her friends. She constantly prayed to be delivered from her agony. Although friends and physicians agreed that death would be a merciful release, yet they were obliged to stand helplessly by and witness all this misery, when there was not a shadow of hope for recovery.

Another of an equally distressing character was the case of a woman about 45 years old, who consulted me in regard to an ovarian tumor. She had been a patient at St. Luke's Hospital for a number of months, but for some unaccountable reason the physicians there had neglected to operate upon her when hope of recovery was possible. When she came under my care she was extremely emaciated, the disease having reached that stage where sympathetic involvement of the digestive organs had interfered with nutrition. The abdomen was immensely distended, and neuralgic pains of the heart and repiratory organs aggravated her suffering. As these symptoms increased, she grew worse and worse daily; at times the neuralgia would be excruciating. Finally the stomach rejected the smallest amount of food as soon as swallowed, and she even suffered the pangs of hunger when there was a respite from racking pain. Observing her strong tenacity for life I decided to try if tapping would alleviate the trouble, and warrant the hope of a more favorable prognosis. The aspirator was used and

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about ten ounces of a tenacious fluid, about the consistency of mucilage was drawn off. This gave temporary relief, but the fluid was rapidly reproduced, ; there was a recurrence of all the symptoms in aggravated form, and thus she lived on for weeks, until cruel nature yielded up her victim.

All this time she was perfectly conscious of her hopeless condition, and over and over again begged me to give her an opiate that would make her sleep perpetual. To comply with this agonized patient's request, would have made me a criminal, in the eye of law while in my heart I believed it not only right but humane, to have administered a draught that would have ended her misery.

I have presented this subject to you with the hope that it may elicit free discussion, not only before this society, but everywhere, when fitting occasions offer, that the public mind may be disenthralled of the false sentiment regarding the sacredness of human life.

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FORMULATED ECLECTIC DOCTRINES.

It is curious that although the name *Eclectic* has been the designation of the American Reformed Practice of Medicine for less than forty years, a wide difference exists as the definitions and descriptions which are given to it. Probably no more inaccurate statement has ever appeared than the one in *Appleton's New American Cyclopedia.* Its author had a rare facility for blundering. His allusion to Dr. Benjamin Thompson, of Concord, N. H., a person that never lived, as a founder of the Eclectic School, is only a characteristic absurdity incident to men who write of what they know little or nothing about. It is the chronic malignant disease of the adversaries of the Reformed Practice to misrepresent it in every essential particular. We had twice offered the publishers a correct account, but were refused. It may be proper to state, however, that a promise has been made to insert an article which would be more just as well as authentic. *Dunglison's Medical Dictionary* also, does not tell or try to tell the exact truth.

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Eclectics and others are aware that the American Eclectic Practice had its inception in this country in the Eighteenth Century ; that it was essentially a Botanical Practice ; that it antedated and was from the first distinct from the Thomsonian School, and that the endeavor to blend the history of the two, is alike unjust to both as it is untrue.

Professor Thomas V. Morrow, who first applied the name *Eclectic* to the American School of Practice, assigns the honor of origin to the late Wooster Beach, of the City of New York. Dr. Beach, in early life had witnessed the destructive effects of calomel and was looking about him for some better method, when he heard of Dr. Jacob Tidd, of New Jersey, who had achieved notoriety for a successful botanic practice. Not even Dr. Tidd however appears to have been original. He had received his "system of practice" from a celebrated German physician, and obtained much valuable information from others. He had been in actual business some thirty or forty years, when Dr. Beach applied to become his student. Nor was it till six or seven years had passed that he consented to receive him.

Classical scholarship and even academical learning in those days were seldom possessed by physicians. So terrible were the destructive results of the Old-School practice that many attributed them to the learning of the men themselves, and an illiterate medical man was not only common, but often more highly esteemed. Dr. Tidd was no expert in English Literature and his German-American denunciations of the way the doctors poisoned their patients, were as peculiar as they were forcible. Dr Beach succeeded in winning his favor, and had the enterprise as well as ability to give the knowledge which he communicated a tangible and acceptable form. Prof. Morrow and his fellow-laborer, Isaac G. Jones, supplemented the labor of Dr. Beach; and under their auspices a college was established, first at Wortnington, and then at Cincinnati, Ohio, for the teaching of Eclectic Medicine as a science and art of healing, and the National Eclectic Medical Association was formed in 1848.

This body at its first session adopted an address setting forth what was meant by Eclecticism in Medicine ; also a series of resolutions in favor of unrestricted acceptance of truth, full investigation, abstaining from personal and disparaging remarks in reference to difference of doctrine, and against all combinations to proscribe and degrade any portion of the medical profession merely on account of difference of opinion in matters of science.

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At the annual meeting the following resolution was offered by Prof. Morrow and adopted :

Resolved, That as the sense of this Association, it is the imperative duty of the Medical Reformers of the several States of the American Union, *to continue to protest against the existence of any unequal and oppressive laws whatever touching the practice of Medicine and Surgery*, or the admission of the Faculties and Students of the different medical schools to participation in the privileges of any of the several hospitals in the different States ; and that it is their duty to continue to petition the legislative authorities of their States for the repeal of all such arbitrary, unjust and oppressive enactments."

The annual meeting held at Rochester, promulgated the following as "*the Fundamental Doctrines of the Eclectic School*," namely :

1. "To maintain the utmost freedom of thought and investigation, in opposition to the restrictive system heretofore in vogue.

2. "To aid and encourage the cultivation of Medical Science in a liberal and benevolent spirit, especially in the full development of the resources of the vegetable Materia Medica, and of the safest, speediest and most efficient methods of treating diseases.

3. "To adopt as far as possible in their investigation of disease and remedies, the Baconian or Inductive Philosophy, instead of the Synthetic method of reasoning.

4. "That a departure from the healthy condition of the tissues and organs interrupts the functions of the animal economy and that the recuperative powers of nature only can effect a restoration. Accordingly, that the object of all medication should be, not to do the work of nature, but to afford her the means of doing her own work more advantageously, and under circumstances in which she would otherwise fail.

5. "To receive and teach Eclecticism, *not* as an *indiscriminate selection of means supposed to be remedial*, but a selection based upon the recognised nature of the disease to be treated, and the character of the agent or agents employed to remove that disease—thus presupposing a knowledge on the part of the physician at once of the pathology of the disease and the adaptedness of the remedy ;—and to encourage and urge the highest professional attainments.

6. "To avoid all permanently-depressing and disorganizing treatment, especially that of general depletion by the lancet, and to reject

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positively all medication which experience has shown to be of a dangerous tendency. We believe that the medicines furnished by the vegetable kingdom are as a general rule, preferable to those of mineral origin. But as this rule is subject to many exceptions, we adopt no exclusive system of herbalism. Nor do we reject any mineral agent, unless from the conviction that it produces injurious effects, and that we possess other agents of superior value for the removal of disease.

7. "To dismiss from the catalogue of remedial agents, all those which under the ordinary circumstances of their administration are liable to deteriorate the stamina of the human constitution; more particularly, the mineral poisons, such as mercury, arsenic and antimony, and all of their various preparations; and to substitute in their place articles derived from the vegetable kingdom, which are not only as powerful in their operation, but far more safe and salutary in their immediate and ultimate effects upon the human system."

Many things have occurred since these declarations were made, and the Association promulgating them has had an intermission in its history; but still there has been no essential change in these doctrines. There is a similar need for resistance to encroachment and proscription as existed when the fathers held up our standard; and we see no occasion to adopt again the "beggarly elements" of the Old-School Pharmacopœia. The road to a better life and practice extends in exactly the opposite direction. There is, nevertheless, much to learn and somewhat to unlearn. We want more philosophy, and less adhering to prescribed formula and dogmatic utterance. With more mental and moral freedom, there will be greater opportunity to perfect the art, as well as science of healing. Still, with all its shortcomings, we find the principles here cited far more satisfactory than those of other schools; and they afford more freedom of thinking and doing, than exists in any other fold. Modern science is intolerant as well as inexact; but Eclecticism is freedom and conserves all the wisdom of the past, while seeking to acquire all the treasures of possible knowledge.

ALEXANDER WILDER.

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*DISEASES OF THE VEINS.**

Diseases of the veins have formed an obscure and therefore neglected feature of the healing art. Therapeutical science is even yet so little studied that a subject has only to be somewhat difficult or obscured to assure its total neglect by the average physician. In fact it is very rarely that a physician is a scientific observer in any real sense; and routine is so much easier than research, that most practioners are willing to settle down into the well-worn ruts of previous experience and to look upon any adventurous spirit that dares seek out a way of curing so-called incurable cases as not much better than a heretic. I must say I have found this spirit of essential laziness and contempt for radicalism quite common even in our Eclectic School. Disease of the veins, being one of these *opprobria* of our vaunted medical progress, I have selected it as my theme to-night.

Now diseases of the veins may be studied under five heads:

I. Inflammation.—Phlebitis may have its origin from constitutional taint or sometimes from local causes within the vein; and is frequently accompanied with inflammatory mischief in the adjacent tissues. The vein-walls sometimes become greatly thickened, infiltrated with the products of inflammation, often softened, and sometimes entirely destroyed by ulceration. If this inflammatory process becomes chronic then fibroid changes take place, and the vein-walls become indurated as well as hypertrophied. The blood within the veins tends to coagulate, and the clot thus formed occludes the passage; and thus are the phenomena due to arrested circulation produced.

Phlebitis is sometimes caused by simple pressure upon the part, either externally or from a cancer, aneurism, or other internal growth. In other cases it is consequent upon erysipelatous or other inflammation extending to the vein; or it may arise from external injury or from a poisoned wound. It frequently occurs in the puerperal state, affecting the uterine veins, or by pressure on the iliac producing the condition called phlegmasia dolens.

The symptoms of phlebitis are: pain of a darting nature, and tenderness along the track of the vein, with swelling and hardness, and a reddish-purple or livid discoloration of the skin, if the vein be super-

*Read before the West Side Medical Society.

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ficial. There is considerable rise of temperature, and general febrile disturbance, and more or less œdema of the part. The constitutional symptoms tend to assume the typhoid character. In regard to treatment I believe we may supersede the leeches, ice-bags and poultices of the old-school by more specific methods. The general febrile excitement will call for one of our fever remedies of which aconite is the one most generally indicated.

Aconite is useful in all local inflammations, provided the deposit of plastic lymph has not begun. It cannot cause the absorption of the products of inflammation, and is useless after this stage has sat in. Absolute rest must, of course, be enjoined, and if there be a tendency to typhoid, baptisia will supersede aconite advantageously. If the inflammation be superficial the application of warm dressings of lotion hamamelis will prove useful; and in all cases, as soon as the general fever is controlled, hamamelis should be administered by the mouth. There is no question that hamamelis is our great vein-remedy and that even in uterine phlebitis and in inflammation of the veins of the kidneys, spleen and other internal organs, it will quickly and surely cure.

II. Degeneration.—Fatty degeneration sometimes occurs, and still more rarely, calcareous. It is almost impossible to diagnose these during lifetime, and I have no suggestions to make as to treatment, except that as the tincture of the berries of phytolacca will benefit a fatty heart; if it were possible to diagnose this degeneration in a vein it might used with some confidence.

III. Concretion.—The pelvic veins, and less frequently the veins of the lower extremities, the spleen, liver and lungs contain occasionally ovoid concretions, consisting of phosphates and carbonates of lime and magnesia, made up of concentric layers like urinary calculi, and varying in size from half an inch in length to mere grains of sand. It is supposed that they are originally clots which have become gradually ossified. They may lie loose in the vein, be attached to the lining membrane on one side, or even be enclosed in a capsule. Occuring usually in internal veins, diagnosis during life is impossible and they are therefore not amenable to treatment.

IV. Adventitious Growths.—Veins are occasionally not only involved in carcinomatous growths and other tumors but are also the actual seat of such growths. Malignant and non-malignant tumors originating both within and without vein-walls and involving these

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structures are occasionally found by autopsy. Turbercle has never been found in the veins.

V. Changes of Dimension.—The physiological changes in the dimension of uterine veins during and succeeding pregnancy, and that diminution which follows amputation lie without our present inquiry; but that form of enlargement, to which we give the name varicosis, comes before us as a frequent and often serious pathological condition.

Varicosis consists of the irregular dilatation and elongation of veins. This dilatation usually consists of a series of pouches in the neighborhood of the valves; and the increased length causes the vein to lie in tortuous folds. The increased dilatation causes the valves to act at first inefficiently, and subsequently they become atrophied and useless. Usually the wall of the dilated vein becomes thinner and the pressure which it makes on the surrounding tissue causes here as elsewhere absorption; even absorption of bone sometimes takes place. In this way the veins tend to abrade the mucous or dermoid surface lying near it, and if from a blow or from obstruction inflammation is set up, rupture occurs, and dangerous or even fatal hæmorrhage may follow. If the hæmorrhage be trifling then a varicose ulcer will supervene. A vein having become varicosed, the constant tendency is from bad to worse, and they never get well spontaneously. In some cases, as far instance in pregnant women, when the varicosis is caused by mechanical pressure, the veins are indeed reduced in size after confinement, but they never return to their normal dimension, and at the next pregnancy are worse than before. If a large superficial space is affected by the varicosis of anastomosing veins, eczema and ulceration is almost sure to follow.

The most common seat of varicosis is the lower extremities, and it is very apt to occur in persons whose occupation requires them to stand continuously for a number of hours each day. Car-drivers, cooks, laundresses, and persons similarly occupied are especially subject to this form of disorder. It is also caused by abdominal tumors, ovarian and cardiac diseases, and pregnancy. Anasarca is always present in some degree in advanced cases, and occasionally the limb becomes swollen in a frightful manner.

The spermatic veins are frequently the seat of varicosis, then called varicocele; so are the hæmorrhoidal veins, giving rise to piles. The veins in the prostate, and in all the pelvic organs are subject to

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varicosis. Adelaide Neilson died from rupture of a varicose vein in the right Fallopian tube. All veins are subject to distension, and necropsy has revealed varicosis in the stomach, œsophagus, abdominal parietes, and even in the veins of the pia mater and of the spinal membranes.

All persons are not liable to varicosis, and some will escape entirely, even though their daily occupation be deleterious. Other are constantly subject to ailments of their venous systems. If their hearts get out of order it is sure to be on the venous side; if bothered with dyspepsia, the portal veins are at fault; if prone to headache, it arises from venous stasis; if a cold cause torpid liver and constipation, hæmorrhoids develop; if they have an attack of gonorrhœa, varicocele sets in; if they wear a light garter, varicose veins occur in the leg. This condition may be called the *varicose diathesis*, and is often hereditary and like all hereditary and constitutional troubles requires our best skill to combat successful. Varicosis may be divided, for purposes of treatment, into varicose veins, hæmorrhoids, and varicocele.

1. *Varicose Veins.*—The most common forms are those of pains in the legs. The usual treatment of these varicose veins and the resultant ulcers is of the expectant order and generally unsatisfactory alike to the physician and patient. It consists essentially of pressure applied by means of a bandage or the wearing of an elastic stocking. The patient is ordered to keep the limb as much as possible in an horizontal position. If the limb is congested, cooling applications are made; if ulcers form, pressure is resorted to; if hæmorrhage occurs it is treated as a ordinary wound. All this is palliative and arrests the progress of the disease for the time being, but it is in no sense curative, nor is it even claimed to be; and the result is that patients constantly apply for treatment who have been going the round of the hospitals for twenty or even forty years, with slow but steady progress of this apparently incurable condition. Sometimes the patient is handed over to the surgeon who tries tying the veins, forming eschars over them, or introducing threads into them for the purpose of causing coagulation; but by none of these means is the patient cured.

Now it is possible to cure even bad cases, but to do so we must not only study the whole diathesis of the patient, and not look merely at the local mischief, but also seek out and apply remedies that act

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specifically on the veins. We will then cure and not merely palliate the patient's disease. There are three remedies of prime importance here, viz.: phosphate of iron, fluoric acid and hamamelis. The phosphate of iron acts best in old subjects or in younger persons who are much broken down by dissipation or wasting disease; fluoric acid in young or middle-aged persons who yet retain considerable natural vitality and activity; hamamelis when there is tendency to inflammation, or a habit of passive bleeding from any part, as epistaxis. Lotion hamamelis may be used locally, and there is no harm in taking advantage of such aids as pressure and rest afford. Having selected the right remedy, care must be used not to give it in too large doses. It is self-evident that a small dose of the right remedy is better than a large dose of the wrong one, but it may not be so apparent that a small dose of the right remedy will cure the case quicker and more certainly than a large one. Nevertheless, as a matter of personal experience I have found prompter results in these cases from the one-hundredth of a grain of phosphate of iron, than from doses of two or three grains: but to obtain this power it must be thoroughly triturated for four hours with ninety-nine parts of sugar; first nine grains to one triturated for two hours, and then ninety grains of sugar added and triturated again for two hours. By this means the one grain of phosphate of iron becomes completely identified with the sugar and each particle of sugar is impregnated with the iron. Having tried similar cases side by side impartially I can testify to the rapidity of success achieved with iron so prepared over those treated with large doses of the crude article.

Fluoric acid I use in one-thousandth grain doses. The hamamelis I have used has been prepared by various firms but what I like best and which I have now used constantly for two years and a half, is an elegant distilled extract prepared by Parke, Davis & Co. Of this I put five minims in three ounces of water and administer a teaspoonful every three or four hours. In case of ulceration I use the same treatment with the addition of a vaserole of myricin (grs. v.—ʒj) applied to the sore. Sometimes I use a vaserole of hydrastin, but best of all is pure petroleum tar, under which the healing process goes on rapidly and new skin is formed even on ulcers involving a quarter or a third the superficial area of the calf of the leg. So treated, in no case do I find skin-grafting necessary or even desirable. The skin formed under this dressing is much less

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tender and does not break down so easily as that produced by the grafting. If there is much œdema I use Fowler's solution one minim to three ounces of water, a teaspoonful every four to six hours.

2. Hæmorrhoids.—This is an ancient trouble and it is quite possible that Abraham, Isaac and Jacob had a personal acquaintance with this old enemy of mankind. "The Lord will smite thee with the emerods" (*Deut.* xxviii. 27.) shows that in those days it was looked upon as a punishment for sin; as indeed all disease is. The name is derived from the Greek *haimorroides*, signifying a flow of blood.

As I have already said of varicose veins, hæmorrhoids do not usually get well of themselves. They are caused by anything which prevents the free movement of the blood through the vena porta and vena cava, or the heart. Thus cardiac affections, liver troubles, splenic engorgement, abdominal tumors, an over-large omentum, tight lacing, undue sexual excitement, or, impacted fæces may cause stasis in the hæmorrhoidal veins and produce piles. To successfully treat hæmorrhoids, produced as they are by varying causes, requires an appreciative understanding of the relation of all the organs contained in the abdominal and pelvic cavities.

As I have said, the immediate cause of hæmorrhoids is hypostasis in the hæmorrhoidal veins; but the hæmorrhoids themselves consist of the enlarged vein and folds of mucous and submucous tissue, in a more or less advanced stage of engorgement and inflammation, situated either above or below the internal spincter ani. Several of the tumors may exist at the same time, and beginning as a mere fold of mucous tissue may become as large as an orange, livid in color, and most intensely painful. When fully developed they become like the corpus cavernosum, and defecation or urinating will put them in a state of erection. Sometimes small ulcers appear on them and they may slough or become gangrenous. When they do not bleed they are called "blind piles," and this form is the most sensitive and are apt to become seriously inflamed. Bleeding relieves them temporarily, although sometimes the quantity of blood lost is so profuse as to cause anæmia. Constipation is by no means a constant accompaniment. In many of the very worst cases the action of the bowels is regular and the motion natural in consistency and appearance. The treatment of piles is largely relegated to the domain of surgery, and the physician who would step forward and claim to be able to cure them by bringing

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back these dilated veins and engorged tissues to their normal condition by the use of internal medication alone, would not only bring down upon his head the wrathful sarcasm of his surgical brethren but would be looked upon even by his medical friends as one with more pretense than knowledge. And yet, gentlemen, I believe that the art of healing, pure and simple, will do more for a sufferer from piles than all the appliances of surgery with its so-called radical cures and deftly-performed operations. Surgery has indeed made great advance in the treatment of these cases. In fact her bloodless and almost painless operations, so neatly and perfectly performed, are from their very excellence inclined to set therapeutics in the background.

The surgical treatment of hæmorrhoids consists in the use of local astringents; pressure by way of support; and removing the tumors by the knife, or its equivalent the galvano-cautery.

Astringents are used either by being applied to the surface of the tumor to cause retraction, or by being injected into the tumor by means of the hypodermic syringe to cause sloughing. Nothing can be said against the first but that it is ineffective; and as for the second, while ordinarily successful in getting rid of the protuberance, as usually performed it causes torture, often lasting for a considerable period. In a case which came under my observation, where the operation was performed by one of the advertising specialists, the injection was used five times, and the "anguish," as the patient himself expressed it, lasted each time more than a week. And yet I am told that persons will pay hundreds of dollars to have a little ergot and carbolic acid squirted into the walls of their rectum by a man who could not write the prescription that he uses in perspicuous and elegant Latin if his life depended upon it.

Supporting the parts by local pressure accomplishes nothing beyond palliation, unless the influences which caused the piles have ceased to be active; in that case pressure may do good.

My objection to the so-called radical cure either by means of the knife, galvano-cautery, or hypodermic injection is the "shock" occasioned. Any observing physician will recognise that "shock" is not all gone as soon as the primary symptoms are relieved; and that the effects of "shock," often are observable in a patient ten or even twenty years after the accident or operation which gave rise to it. Ophthalmologists recognise that many cases of cataract follow opera-

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tions for piles; so diabetes mellitus, spinal troubles, and apoplexy have been traced back to the traumatic shock caused by these operations. Nor will the use of anæsthetics prevent or ameliorate these secondary effects of trauma. It is also well known that many patients 'radically' cured' have a return of the disease in a year or two, and, that their last state is worse than the first. Such patients are rarely willing to undergo a second operation. So that it becomes a question, even with the delicate and clever manipulation which surgery now offers to these sufferers, whether it really does do them any good; whether after all they had better not "bear the ills they have than fly to others that they know not of?"

In this veiw of the surgical treatment of hæmorrhoids we turn to therapeutics and ask what it can do? Here indeed patience is demanded. In a surgical operation, a few moments and all is over, and the patient is left to get well; provided he does not bleed to death as they sometimes do.

But if we are to reach these cases by medicine it will require a most careful study of all the pathological steps which led down to the present condition, and then such an intimate acquintance with the materia medica as will enable us to apply just the remedy which is denoted. Generalization will not do here, but only the most painstaking specialization. Now in the medicinal treatment of hæmorrhoids there are certain things that are essential. In the first place, all aperient medicine must be withdrawn, and the patient encouraged to leave the bowels alone. Most hæmorrhoidal patients have a knack of straining as if they were in labor, and this of course aggravates the hypostasis. Such patients must be kept from stool just as long as it is possible to restrain themselves. Then, secondly, if the patient is not so ill that he is confined to the bed, he must endeavor to arrange to have the daily stool just before bedtime instead of in the morning, so that the horizontal position may favor the return of the tumor. Walking about immediately after defecation is the worst habit a hæmorrhoidal patient can have. A small piece of sponge and tepid water should be substituted for paper. If the stool is hard or the rectum inactive, injections of pure water may be used, tepid for plethoric persons, cold for those of relaxed fibre. An occasional Turkish bath is beneficial, and the avoidance of feather beds and warm cushions. The bleeding of piles when excessive can be controlled by drinking three or four ounces of very cold water and then

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lying down for half an hour, or longer if necessary. If the patient has been in the habit of using an abdominal compress this must be given up altogether.

In very severe cases the importance of posture connot be overestimated. When sent for you may find the patient writhing in pain, perhaps weeping like a child, and anxiously exclaiming that something must be done. Now in such a case through defecatory effort or some unusual exertion a paroxysm has been brought on which differs probably from many which have preceded it only in degree. Now the pain is due to hypostatic congestion, and to the fact that the tumor is caught within the sphincter muscle and is too large (being probably in erection) to be returned to the rectum. Simply raising the buttocks by placing two or three pillows underneath them and lowering the shoulders enables gravity to carry off a portion of this congested blood, and may even so far disgorge the inflamed tumor as to permit of its being pressed gently back into the rectum. The patient should be placed on the simplest diet and especially allowed no beef or mutton. Then prepare a square of old linen about the size of the palm and saturate it with the distilled hamamelis already mentioned and place it in the rectum in contact with the tumor and let it remain there. After about twelve hours it may be withdrawn and burned, and a fresh piece substituted for it. This is an important item of the treatment. In cases of robust, ruddy men (rarely in women) I substitute tincture of mikania guaco for hamamelis, especially when there is no tendency to hæmorrhage.

All that I have suggested so far in the way of treatment, except the rectal medication, is merely auxiliary and palliative, and meant to be so understood. Systemic medication is, however, essential for the cure of every case; and the remedy to be selected will depend upon the totality of the symptoms presented by the patient. In case the patient is plethoric aconite may be administered first for a day or two; and in fact if the piles project externally and are much inflamed, a weak lotion of aconite may be applied with benefit.

I distinguish three conditions under which piles may occur.

a. Piles may be caused by abdominal plethora or by pelvic congestion. Where the liver is at fault and the stools are clay-colored podophyllum is curative, especially if the patient is worse in the early part of the day; where fulness and heat in the bowels are asso-

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ciated with delaying stools, poor digestion, and scanty urine, sulphur and nux vomica given alternately act well; when congestive inertia of the lower bowel shows itself in hæmorrhoids and constipation collinsonia is a grand remedy. Where the spleen is engorged or indurated, and especially if there be indigestion and palpitations, tincture of ceanothus, five drops every hour in water will cure.

b. Where constipation is the apparent cause of the hæmorrhoids, probably no remedy equals æsculus hippocastanum. Under its use the bowels begin to act normally, the pile shrinks to a mere flap of skin, and the whole condition of the patient is decidedly improved. If there is throbbing in the abdominal and pelvic cavities, backache with the pain running round over the crest of the ilium, dryness in the the rectum as if it was filled with gravel, and the pile protrudes like a bunch of purple grapes it is specifically indicated. Berberis aquefolium will be found useful in cases where the fæces are hard and resemble sheep-dung, and are covered with blood, with great sensitiveness in the rectum, when sitting, better when standing, pulsating in the sacrum, and mental despondency and weariness of life. Dioscorea villosa is curative in those cases where hæmmorrhoids and prolapsus recti are associated with diarrhœa and enteralgia. If the patient is subject to angina pectoris or to felons, the remedy is still more clearly indicated. Hydrastis canadensis in drop-doses of the tincture will cure constipation and piles, where chronic catarrh of the stomach, liver or bowels is at the bottom of the mischief. Many hæmorrhoidal patients are great sufferers from neuralgic troubles, which may take the form of prosopalgia, gastralgia, hepatalgia, proctalgia, spinal neuralgia, or same form of myalgia. These may be cured of both their piles and neuralgiæ by valerianate of zinc.

c. Lastly, without constipation, and without either pelvic, abdominal, or portal congestion, patients may suffer from piles. These are of the true varicose diathesis, and usually will be found to suffer from dilatation of veins in other parts. These hæmorrhoids usually bleed freely and are not subject to inflammation. Here the grand remedy is hamamelis, used locally and by the mouth as previously described.

Nitric acid, diluted until it loses all taste of acidity, will be found serviceable when the attack is worse in warm weather, the hæmorrhage is bright arterial, and is accompanied with hæmaturia, the pile is pendulous and painful to the touch, which even causes faintness.

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Muriatic acid, prepared in the same way, is useful when a sudden attack of piles occur in little children, with prolapse of the rectum whenever they urinate.

The steam of hot chamomile tea will often relieve the burning corrosive pain of bleeding piles.

Cardiac disorders often produce hæmorrhoidal congestion and I have seen both improve under the use of cereus bonplandii. badiaga (fresh-water sponge) is curative in cases where struma or syphilis is the basis of the condition. It has a great reputation in Russia in the treatment of such cases.

I have had beautiful success with arnica, internally and dilute as a compress, in cases caused by over-exertion, straining, horseback riding, etc. One case brought on by the violent efforts of a patient afflicted with strangury, was cured in two days by arnica after several carefully selected remedies had failed. Carbonate of ammonia will cure cases where the pile protrudes, independent of stool.

3. *Varicocele.*—This disorder of the spermatic cord rarely occurs before puberty or after the thirtieth year. These patients are usually of feeble constitution, and venereal excess is a freqently exciting cause. The left vein is the one usually affected; the right rarely, and never without the left participating. This is owing to anatomical reasons which I need not go into here. Varicosis of the spermatic veins resembles the same condition elesewhere, and the usual treatment is palliative and what is called the "radical cure." The palliative treatment consists in wearing a suspensory bandage; in excision of the lower portion of the scrotum, so as to press up the testicles; and the use of a truss to produce pressure on the spermatic cord. These are all acknowledged to be of temporary benefit only. The radical cure consists of obliteration of the veins by pressure or by exciting inflammation in them. Vidal's operation (the one usually resorted to) consists of twisting the veins on a silver wire in such a way as to cause ulceration, the wire being tightened each day and the operation taking about ten days. Other operations are performed including castration, but I need not detail them here. All surgeons admit that the results of operation are "variable," and include diffuse inflammation, sloughing of the scrotum, suppuration of the testicle, phlebitis, pyæmia and death. Death is by no means infrequent and occurs usually from thrombosis or pyæmia. The galvanic ecraseur has been called into use and although less dangerous to life, the

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"shock" is equally great and is apt to be followed by hypertrophy of the testicles. These hypertrophied testicles are only mere masses of connective tissue and not real testicles any longer.

In the medicinal treatment of varicocele hamamelis is the first remedy to be thought of, not only on account of its general action in the varicose condition, but from its specific relation to morbid conditions of the testes. No remedy has such intimate relations with these glands as witch-hazel. Beside this, fluoric acid, phosphate of iron, dioscorea, phosphoric acid, and chlorate of potassa will be called for in frequency in the order named.

I have thus endeavored in this thesis to show not only that therapeutics is not utterly helpless in the presence of diseases of the veins, as has been claimed, but that it offers a safer and more rational method of treatment than surgery can, with more hope for the patient both in the present and the future, and that it may rightly claim to have established itself here on a scientific basis. The considerate and careful treatment of more than two hundred cases, with varying but on the whole gratifying results, and without a single death, has made the study of new cases a pleasure rather than the irksome task that it used to be. And I commend to any physician who desires to share in this pleasure, which comes from honest work wrought to a satisfactory conclusion, to go down as I have done into the valley of pathological differentia and climb the mountain of an individualized materia medica beyond. And it is from this, and it can only be from this, careful individualizing of disease and remedy that any permanent and commendable therapeutic success can be wrought.

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THE REVOLT AGAINST COMPULSORY VACCINATION IN ENGLAND.

To the Editors of THE MEDICAL TRIBUNE:

The recent conference of the *London Society for the Abolition of Compulsory Vaccination*, has given a further impulse to the now irrepressible agitation for the repeal of all compulsory vaccination legisla-

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tion. The chair was taken by Mr. J. Passmore Edwards, Member of Parliament for Salisbury, and proprietor of the *Echo*, and other well-known journals, who denounced the tyranny of the laws which subjected parents to repeated fines and imprisonment for their non-compliance to what they believe to be a mischievous medical infliction. There was a large attendance of medical men ,sanitarians, members of boards of guardians, and others interested in questions relating to the public health, amongst whom were Drs. Clark, C. F. Pearce, Edward Haughton; D. Jones; C. R. Drysdale, F.R.C.S.; W. J. Collins, M.B., M.R.C.S.; Thomas Nichols; Dr. Renner; Alexander Rees, Esq., (Chairman of the Dover Board of Guardian); Zadok M. Spear, Esq., of Philadelphia, U. S. A.; Alex. Wheeler, Esq., of Darlington; T. Martin, of Lewes; Robert Blackie, of Liverpool; Dr. Alice Vickery, and other lady doctors; Mr. Mozly, Barrister at Law; W. Tebb; Wm. White; Cornelius Pearson, and many others.

Dr. Drysdale read an interesting paper on the origin of *vaccinia*, and the progress of animal vaccination, which was followed by an animated discussion. Wm. Tebb furnished some important details relating to the progress of the movement against compulsory vaccination both in England and on the Continent; upwards of a quarter of a million tracts and publications had been published and circulated by the London Society alone during the past twelve months; new Anti-Vaccination leagues and societies had been formed, and old ones revived.

An able article in the *Journal of Science* for November, entitled the "*Vaccitionna Question Reconsidered*," show that recent Parliamentary and other official documents demonstrate the intility of vaccination as a preventive, and its deleterious effects on the public health, which facts could not be much longer concealed by the leaders of the pro-vaccination party,

The International Anti-Vaccination Congress, held in Paris last year, had been the means of intensifying the opposition, and awakening public attention to the subject to a large degree. Deputations of the delegates had been granted audiences with M. Tirard, the Minister of Agriculture and Commerce; also with M. Constans, the Minister of the Interior; and the main facts against vaccination laid before them, had led to the rejection of M. Lionville's bill for making vaccination and re-vaccination compulsory in France.

The International Congress recently held at Cologne, at which eight

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nationalities were represented by 40 delegate, would, he (Mr. Tebb) ventured to hope, precipitate the repeal of the Vaccination Acts in Germany, the opposition to which was gaining ground every day. After the termination of the Conference proceedings, Alex. Wheeler proposed the following resolution :

"That in view of the confusion of opinion which prevails amongst medical authorities when the subjnct of vaccieation is discussed, it is unwise, impolitic, and unjust to enforce it ; that such enforcement retards all improvement in the treatment, and all discoveries for, the prevention of smallpox ; and that all compulsory legislation with regard to vaccination ought to be repealed."

This was seconded by Dr. Haughton, and carried amidst applause, with only two or three dissenients in an overflowing assen.bly.

Yours Faithfully,

William Young.

*WHOM SHALL WE TRUST?**

This is a question naturally asked by every person having any matter of importance which requires the assistance of another. In any mechanical requirement it would be regarded as unwise to risk a great expenditure without first knowing if the person placed in charge of the undertaking was competent. This involves not only a knowledge of the best methods which are the result of continual progress from past efforts to the present time, but honesty in the application of them. Our first thought would most likely lead us to the conclusion that every person would desire to be progressive from the satisfaction derived in knowing that the methods and results are superior to those of the past, and also, that there may be gained the benefits which come from successful competition with those who are determined to be familiar with improvement.

The second thought modifies this conclusion somewhat, for we readily recall the fact that a large percentage of the more extreme innovations upon pre-existing thories and applications relating to

*Read before the West Side Medical Society, December 1st, 1881, by George H. Day, M.D

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both mind and matter, have been denounced in unmeasured terms by those who were regarded as the wise and learned men of their time. And those learned men have had an iufluence upon so large a following that some of the grandest scientific truths and most important benefits have struggled for recognition as though beggars for a place in the realm of blessings.

There have always been earnest progressive men—men who had an investigating turn of mind, and energy in the practical application of their ideas. Opposition has not silenced or deterred them. Aware of the truth of their position and the honesty of their purposes they have demonstrated the facts so clearly that some other who had minds receptive to truth accepted the facts and then in turn became demonstrators of the same truths until by degrees the masses have comprehended the nature and value of the discoveries and improvements.

Upon the othar hand there have been those who have denounced and ridiculed every idea that conflicted with their own preconceived prejudices. Hardly contented with their present knowledge, yet not willing to receive truths, discoveries or suggestions from other than themselves, thus giving the appearance of not wishing to be left behind, but at the same time decidedly unwilling to accept the means absolutely necessary to their keeping up.

Because a person is highly educated is no evidence that he or she is progressive or liberal; on the contrary the greatest degree of illiberality has been shown by persons learned in science and in theory.

Had the voice of the learned of Egypt's imperial court prevailed, the Mosaic dispensation known as the Old Testiment would not have been given to the world. Had the counsels of the learned Jewish Sanhedrim been fully carried out, the teaching of Jesus of Nazareth would have been suppressed and the New Testiment would not have exercised an influence upon mankind.

It was the learned who opposed the discovery of the movements of the planetary system. The voice of the learned was raised against the discoverer of the circulation of the blood. The learned scouted the idea that steam could be successfully used as a motive power. The learned opposed the introduction and use of some of our best indigenous remedies. The learned opposed the methods of the hydropathist in the cure of disease or alleviatiou of suffering. The learned opposed the homœopathic law of similars and the infinitisimal doses. In fact opposition to every discovery which has proved

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previous teachings and views to have been incorrect has come from the educated.

This does not show that education causes a spirit of opposition to progress nor that it causes a spirit of illiberality, but it does show that even the fetish-worshipper has no greater degree of, opinionated, blind superstition than the educated man who is so enwrapped in theories that he will not investigate and adopt every truth. This calls for honest inquiry into many things which may be in opposition to what we have received, believed and thought as facts.

This brings us back to the question: "Whom shall we trust?" Would we trust the astronomical teachings, of those who although learned declared that the earth did not revolve on its own axis? Would we trust the geographical teachings of those who in the days of Columbus derided the idea of a Western Continent? Would we trust the physiological teachings of those who denounced the truth concerning the circulation of the blood? Would we trust the mechanical teachings of the learned who declared the use of steam as a motor impossible? Then would it be wise to trust the judgment and skill of a class of medical practitioners who are so wedded to any school that they will ignore and denounce remedies and methods that have been proved beyond questions to be of greater value in certain conditions than the means generally employed before?

It is a question of honesty, for the person who so far trusts the practitioner as to take whatever may be prescribed in risking more than money—his life often times is the risk; and can it be honest not to be willing to know the best means to apply in the case? We may talk about conscience of individuals as we please, but all of our talk does not alter the fact that conscience is a very stretchy concern and may be associated with purposes that could and would immure in dungeons, burn at the stake, draw and quarter those who hold different views from certain others.

They may say that they were conscientious in doing all that they knew how to do, pursued the best plans and gave the best remedies of which they had a knowledge. This may be true, but if they have refused to obtain a knowledge of better means, and not only this, but have denounced, vilified and abused those who have proved the fact of a better way, are they honest? Is any man honest who declines or refuses to investigate the results of new methods as applied to the

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business which he conducts through the trust of others and for which he receives compensation?

If a person agrees to construct any piece of work for me, I have the honest right to expect that he has the requisite knowledge to do it correctly. If he made a failure, no amount of reasoning that he was learned in theories and in principles in vogue years ago would be satisfactory evidence that I ought to suffer because of his neglect to be acquainted with a knowledge to meet the present demands of his agreement, and more especially would he be charged with dishonesty if he continued to do his work upon the same plan of general failure.

It brings us back to the thought to which we will give utterance in a low tone, viz: every person who neglects to become as perfect as circumstances will permit in any calling in life is dishonest, and more especially those whose occupation announces that they are qualified to receive in trust the physical well-being and life of the suffering one.

No doubt you will all agree that it would be dishonest to cause either of you to sustain a pecuniary loss by attempting to perform a work for you when incompetent to do it correctly, and if you ascertained that I had previously pursued such a course with others, and at the same time had denounced as pretenders, those who had been successful in the same kind of work, you would have the right to call me a villainously dishonest egotist.

Whenever we place ourselves in such a position that others have a right to demand from us a service which relates to their vital welfare, every principle of honesty, equity, mercy ever given from heaven demands that we shall constantly look for a knowledge of those means that will give the greatest degree of success. Success is the highest proof of being competent.

There are many who may be justly renowned for their erudition in the knowledge of the past. They have delved in the tomes of the ancients until they have become antiquated, and so far as being of practical use in this progressive age might as well be embalmed and laid in the tombs of the Pharaohs.

It is the antiquated spirit that so readily denounces the claims to new discoveries. The antiquated spirit looks fondly back to old dogmas. It never rears a new structure; never presents s new design and scarcely ever is willing to admit a newly-discovered fact, but simply copies from the old and covers everything with the mustiness of decay.

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They are continually pointing to the past, and claim indiscriminately its successes and failures, it facts and its errors are precedents by which the present should be governed. We do not object to erudition in even the most recondite subjects, we admire it. But we do object to being dictated to by those who are so far mummified that we can associate them with little else than pre-historic ages. Where we speak of precedents we may aptly quote from Madam De Stael:—"That past which is so presumptuously brought forward as a precedent of the present, was itselt founded on an alteration of the past that preceded it."

It is not worth our while to venerate past errors, but it is worth our every effort to have a knowledge of the means of success in the present. The successful man must be eclectic because if continously successful he must be constantly choosing the best means—not a blind and indiscriminate use of everything, but a *chooser* of the best.

This precludes the possibility of becoming a stereotyped routinist, for the desire to use the best and to do the best, impels him to investigate the meritsof every newly-claimed discovery, and to the most liberal views. It enables him to see that there are truths as well as errors in every mode of practice. It shows him to be progressive. It is an evidence that he means to be honest, and an honest man is the only one whom a suffering mortal can trust. *True Eclecticism is the only true honesty in the Practice of Medicine.*. He who is truly eclectic must be truly honest and finally will be most implicitly trusted.

Some years ago I was called to treat a man who had received a severe contusion in the groin. There was already considerable swelling and the pain had been intense for nearly three days. Fomentations and anodynes gave but little relief. He would not take opiates.

There was a man in the vicinity who had gained quite a reputation for relieving pain by laying his hands upon the painful part. The patient desired to try his powers and I was not at all loth. We sent for the magnetic healer and to my surprise he eased the pain in a short time and the patient fell asleep. This laying on of hands was repeated at intervals giving relief each time; suppuration at length took place and the abscess was opened. I received a great amount of abuse from a physician of my acquaintance for allowing such a thing to be done. It was in his opinion fostering the worst kind of quackery to call into requisition such professionol means as a humbug magnetic healer. He would allow the patient to suffer or even die rather than

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ever lower the profession by such an undignified course. I have made use of animal magnetism on several occasions with good results. Would it be honest to ignore or refuse to use that which we know has been, and believe may be beneficial?

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OPENING AND DRAINAGE OF CAVITIES IN THE LUNGS.

IT it only a little more than a decade since Prof. Mosler, of Greifswald, in Germany, conceived the brilliant idea of combating cavities in the interior of the lungs by surgical means. Although experience has since demonstrated that this procedure is of no avail in consumptive cavities for which it was first employed, yet the operation did this much good, that it called the attention of the profession to the surgical treatment of cavities in the lungs, and indirectly established the fact that such cavities might be opened and drained with comparative impunity.

Drs. Fenger and Hollister, of Chicago, in a paper on this subject in the October number of the *American Journal of Medical Sciences*, state that thus far only six cases of this form of interference with cavities have been reported, and only one, their own case, was successful, in so far that it terminated in complete recovery. The clinical histories of these several cases are commuicated in this paper, the original case being one of suppuration around a large echinococcus cyst in the lung of 12 years' standing. An incision was made in the third intercostal space anteriorly, through which the large cyst was subsequently removed. A counter opening being made between the fifth and sixth ribs, a drainage tube was introduced, and daily injections of carbolic acid practised.

The authors conclude lhat "the operation is justifiable in any case where the presence of gangrenous or ichorous cavity having been ascertained, it is found that, notwithstanding an outlet through the

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bronchi for a portion of the contents of the cavity, it steadily fills up again, the partial evacuation does not relieve the patient, who gradually loses strength and progresses towords a condition of collapse, a steady or intermittent rise in temperature continues; the infection of the healthy portions of the lung from the decomposed contents of the cavity has commenced, or is evidently about to take place; the breath and expectoration continue fetid; absence of appetite; increasing weakness, with or even without fever, etc. These indications will enable any medical man of some clinical experience to determine, in the majority of such cases, when the disease has reached a point from which spontaneous recovery is impossible.' At the same time it is observed that any cavity covered by the scapula, or situated within the supra-clavicular and infra-clavicular regions may at present be regarded as inaccessible. The immediate indications and detaits of the operation are fully discussed in this paper, as well as the methods of after-management of an interesting class of cases otherwise not amenahle to treatment.—*Canada Medical and Surgical Journal.*

GLYCERINE IN FLATULENCE, ACIDITY, AND PYROSIS.

An old gentleman, who for many years suffered from distressing acidity, read in a daily paper that glycerine added to milk prevents its turning sour, and he reasoned thus: "If glycerine prevents milk turning sour, why should it not prevent me turning sour?" He resolved to try the efficacy of glycerine for his acidity. The success of his experience was complete, and whenever tormented with his old malady he cures himself by a recourse to glycerine. Indeed he can now take articles of food from which he was previously compelled to abstain, provided always, that he takes a drachm of glycerine immediately before, with, or directly after his food. He recommended this treatment to many of his friends—sufferers like himself—and one of these mentioned the above circumstances to us.

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We have since largely employed glycerine, and find it not only very useful in acidity, but also in flatulence and pyrosis, and that it sometimes relieves pain. We meet with cases where flatulence, or acidity, or pyrosis, is the only smyptom, but more frequently these symptoms are combined. Some patients rife up huge quantities of wind without any other symptoms than depression of spirits ; in others we get flatulence and acidity, one or other predominating ; and we meet with others who suffer from acidity, flatulence, and also pyrosis. In all these various forms we find glycerine useful, and in the great majority of cases very useful. We do not mean to say that in all caaes it is superior to other remedies for these complaints ; indeed, in several instances it has only partially succeeded, where other remedies at once cured. On the other hand, in some cases glycerine immediately and completely succeeded, where the commonly used ramedies for acidity and flatulence completely failed. We do not pretend to estimate its relative value to other remedies ; we are only anxious to draw attention to its virtues.

Gas in some instances formed in the stomach, in others in the large intestine, in some patients in both. Our obssrvations were made on stomach flatulence, and as glycerine is so readily absorbed, we should hardly expect that it would influence the formation of wind in the colon, except given in large doses, and when it acts as a light laxative, and so excels the putrefying mass which forms the wind.

In some cases it removes pain and vomiting, probably like charcoal, by preventing the formation of acrid acids, which irritate delicate and irritable stomachs. We suggest that it acts by retarding or preventiug some forms of fermentation and of putrefaction. J. Mekulics shows that glycerine prevents putrefaction of nitrogenous substances, as of blood dilurted with water, which speedily decomposes at the ordinary temperature of the air. Two per cent. of glycerine retarded decomposition for twenty-four hours; ten per cent. for five days. If the fluid were placed in the hatching oven, then two per cent. retarded decomposition for sevesal hourse, ten per cent. for farty-eight hours and twenty per cant. altogether prevent putrefaction. He also proves that glycerine destroys bacteria, and prevents the formation of septic poison, though it will dissolve and preserve the septic poison itself.

Dr. E. Murk finds that two to three per cent. will delay lactic fermentation in milk from eighteen to twenty-four hours.

Burnham Wilmot, 1860, says glycerine preserves meat so that after

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several months' immersion the meat is sweet and can be eaten ; and Demarquay proves that both animal and vegetable substances may be kept for six weeks to two months by glycerine.

Glycerine, however, does not prevent the digestive action of pepsin and hydrochloric acid ; hence, whilst it prevents the formation of wind and acidity, probably by checking fermentation, it in no way hinders digestion We adminster a drachm to two drachms either before, with, or immediately after food. It may be given in water, coffee, tea, or lemon and soda water. In tea and coffee it may replace sugar, a substance which greatly favors flatulence, as indeed does tea in many cases. In some iustances a complete cure does not occur till the lapse of ten days or a fortnight.—Sidney Ringer, M.D., and Wm. Murrell, M.D.—*Eclectic Medical Journal.*

FREE TRADE IN MEDICINE.

Our valued contemporary, *The Medical Times and Gazette* of London, in a recent issued (November 12, 1881), discusses the subject of "Medical Education and Registration in America." In this article the regulations in the various States are commented on with fairness and candor. We refer to it, however, not to discuss the subject of medical education, *per se*, but whether this were better left to the medical profession and its legitimate institutions, or be made the subject of political and civic regulation. As our contemporary states it, "the conditions under which men should be allowed to practice medicine, the amount and kind of knowledge which they should be obliged to show, the way in which their possession of that knowledge can best be tested, the length of the preliminary training which they ought to be require to undergo, the extent to which the details of that training should be regulated by compulsory rules or left to individual option' these are questions upon which there are wide difference of opinion in this country."

In England and on the Continent of Europe, the system of "compulsory rules," of entire governmental control, obtains ; in this cou n try, there is, as our contemporary well expresses it, "free trade in

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medicine," and "the provision of competent medical adviser is left, so far as the central authority is concerned, to the unhampered operation of the law of supply and demand." Which is the better system? In England, it appears, there are wide differences of opinion on this question. They are not altogether satisfied that their plan is the better one. There is a large and influential minority who hold that the American system, nothwithstanding the abuses to which it is subject, is, on the whole, the better. They observe that the profession of medicine, left to its own resources, and untrammelled by obstructive legislation, is remarkably successful in the development of its powers. In the same article from which we have quoted, we learn that "American medical literature is very voluminous, and characterized by great originality, inventive genius, industry, and practicality." Now, as all the world knows, our medical literature is the growth of this, of, indeed, the last thirty or forty years, and it is already being reproduced in European languages. It is also well known that certain departments of our art have been created in this country, and others notably improved. Free trade in medicine seems to work well here. Ought we not continue, as heretofore, to permit the law of supply and demand to regulate our growth? We may properly correct flagrant irregularities by appropriate legislation, but ought we not to refrain from such interference in our organizations and methods by authority of the goverement, as would hinder that free developement and successful progress which we owe to our system of free trade in medicine?—*Medical News.*

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The Mirror.

"Liberty must always be the noblest idea and impulse of great minds."—Madame DE STAEL.

OUR FOURTH VOLUME.

THE MEDICAL TRIBUNE begins its fourth volume under circumstances as auspicious as any of its predecessors. It has the same appeal to make to the public, the same claim as ever upon the real friends of Freedom in Medicine. It avows the sentiment of the late Professor Agassiz: "The time has come when scientific truth must cease to be the property of the few, when it must be woven into the common life of the world." There are no sects in genuine science, no parties, no schism among the lovers of truth. Scientific men never zealously put forth egotistical pretensions of superiority. The light dissipates all such shadows; strife and quarreling therefore belong to the dark. Jealousy is not the offspring of altruism. We bespeak for ourselves the alliance and co-operation of the "peaceable multitude."

The legislation of the last few years is just cause of alarm among the friends of civil and personal rights, as well as professional freedom. Pretending to be bound by the Hippocratic Oath of an old Pagan Priesthood, and the Ethical Code of a Medical Trade Union, the endeavor is being made by certain members of the profession to secure statutory enactments to enhance their own power and importance, to secure fat offices and emoluments. and to put to the wall all who do not utter their partisan Shibboleth. THE MEDICAL TRIBUNE is opposed to this conspiracy. The first concessions have been made to it, and are the beginning of more heinous endeavors. A few years of continuance in the present course of legislation on medical subjects will leave the rights of domicil and citizenship without legal protection.

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Those who regard what they denominate practical subjects as more important, or at least more immediately to their personal advantage than what is more purely scientific, or perhaps even than a manly advocacy of common right, will find that THE MEDICAL TRIBUNE is in no essential respect behind the *Briefs, Summaries* and other periodicals that make treatment and medical prescriptions their specialty. At the same time, we shall endeavor to give a reason for what is done or proposed, something which will be more than groping in the dark, guessing and prescribing at random with a report of the case if the patient has recovered. No subscriber to a medical publication will receive more in real information, for their money than the patrons of this Journal.

We appeal, therefore, to them to aid in the enterprise. We ask respectful consideration to the fact that we are giving more than we receive. It is just therefore for each to do his part in the matter. A liberal physician will hardly fail in contributing materially to those who aid him in other respects. The little asked of each, if promptly given, would accomplish much in the way of lightening the cares and burdens of an important work. Certainly THE MEDICAL TRIBUNE deserves well of its friends.

PROPRIETARY MEDICINES.

FEW physicians realize to what extent the profession have committed themselves of late years, to the use of patented and proprietary medicines. In spite of the code of ethics of the Allopathic School, which prohibits the use of all kinds of patent medicines, the majority of the leading physicians in the country are daily prescribing pharmaceutical preparations which are protected by patent and concerning which they know nothing but the claims made for them by the manufacturers. We have always contended for free trade in medicine; and even in this matter, we believe that physicians have a right to prescribe such preparations if they wish, but we cannot see how they consistently do so in some cases, while they condemn other similar compounds as quack remedies.

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This matter has been carried so far, however, that the public and profession are alike called upon to resist further encroachments upon legitimate pharmaceutical preparations. The recent action brought by a London Pharmaceutical Company against Parke, Davis & Co., of Detroit, Mich., for an alleged infringement of trade-mark by the use of "Tonga" bears directly on this question, and we are glad to know that Parke, Davis & Co., are resisting such encroachments on legitimate pharmacy. The name "Tonga" has long been applied to a certain compound in the Feeje Islands which was said to possess special virtues as a remedy for neuralgia. Doctors Ringer and Murrell, after testing the preparation, published accounts of it in the *London Lancet*, during the month of March, 1880, and later Parke, Davis & Co., procured a supply of the compound direct from the Feejee Islands and placed a preparation of it before the medical profession. When this was done and its virtue as a remedy for neuralgia had been tested by the profession, the London firm endeavors to restain or prevent Parke, Davis & Co., from selling the preparation under the name of "Tonga," on the ground that they had copy-righted the word. As far as we have been able to learn, the profession sympathizes with Parke, Davis & Co., in the determination to resist this attempt at monoply of a name, that cannot by any possibility be the property of an individual.

THE DOCTORS' PROTECTION ACT IN PENNSYLVANIA.

The statue of Pennsylvania for the protection of physicians against the people, requires that diplomas of Medical Colleges which are situated in other States, must be endorsed by the Dean of some Medical College in the State. True to the purpose of the obnoxious enactment, the Deans of the Jefferson Medical College and of the University, of Pennsylvania, refuse utterly to endorse the diplomas of any but an Old-School College. We are of opinion that a writ of mandamus might perhaps set this matter straight. At any rate this

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refusal of the two Deans shows conclusively, beyond power of successful contradiction, what every intelligent man knows, that the Statute in question was framed and its enactment "stole through" the legislature on purpose to enable those institutions to carry out their infamous bigotry and intolerance. An Old-School institution never knows or respects the rights of persons on citizens as such. It seems to regard itself as superior to Antichrist in its estimation of itself.

The Haheman Medical College, of Philadelphia, however, manfully steps into the breach. Prof. Thomas writes to Prof. A. B. Woodward that the Dean will endorse all diplomas of the Colloges recognised by the National Eclectic Medical Association, except those of the College of Oakland, California. We are not apprised of the grounds of this exception, but it is due to our school, that it be canvassed. It is certain, however, that purchased diplomas and degrees conferred on persons who have not passed proper examinations, are to became of ill repute.

One word for Old-School proscriptionists to put in their pipe and smoke. John Buchanan, who lied much, says he sold 40,000 diplomas. There are not 12,000 Eclectics known of as ever having been in practice. The conclusion is unavoidable ; Old-School doctors were the principle buyers of the tainted parchment. We doubt not that they were as fairly graduated at that, as two-third of those who pass their colleges in the usual way.

SMALL-POX SCARE IN PITTSBURGH.

The Pittsburgh *Commercial* states that small-pox is prevalent in Allegheny County, Pa. As usual, and as will be usual, it attacks the vaccinated and the unvaccinated without discrimination. The pretense is made that bad vaccine virus has been used ; as though there was ever any but bad vaccine virus. We would as soon think of good rattlesnake poison or good syphilitic matter as of good vaccine virus. What causes disease, or is the product of disease, is bad, and cannot possibly be anything else. Enough therefore of the filthy stuff.

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It is also proposed to appoint a day of fasting and prayer to propitiate the Divine Being. We have no fault to find with this; except that as in teratogeny, or the production of monsters, where normal conditions are violated, the legitimate results will follow. Small-pox is one of these.

If the people of Pittsburgh and vicinity will cleanse their houses and keep them well ventilated, look to soil and drain-pipes, correct and prevent the crowding of human beings into tenement-pens, and keep their own persons clean and well nourished they will do more to avert small-pox, as well as other particulars, than though they diseased all the beasts in their region and followed it up by diseasing their own bodies from those of the brutes. When common sense takes the place of this vaccine delusion, we shall be in a fair way to escape small-pox panics, and small-pox too, as well.

H. W. BEECHER ON PROTECTION.

An address by Rev. Henry Ward Beecher, to the Revenue Reform Club, of Brooklyn, is full of excellent suggestions well worth being transferred to others callings. "There is no necesssity of protection for protection," Henry Clay once said and said wisely. Mr. Beecher declares the system of protection as it exists in this country to be impolite, unjust, and wrong in fundamental ethics. A protective tariff is organised immorality. Protection is a curtailment of the liberties of the people. The Custom-House duties are nothiug more than a restriction and limitation of the personal liberties of every American dealer and citizens. It amounts to a distinct endeavor to make this a hermit nation. An industry protected by a tariff is protected at the expense of the interest of the whole people. The aid thus bestowed is not of lasting efficacy. Unprotected industries with brains behind them and the world open before them thrived the best. One-third of the wages of the laboring classes in this country is required to pay their proportion of the raised value of those por-

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ducts on which protectionists have caused a tariff to be placed. Out of about ten millions men in this country who are interested in our productive industries, there are not more than 500,000 all told who can in any way pretend that they are helped by a protective tariff. Mr. Beecher alluded to smuggling, the pejury regularly perpetrate by Custom-House oaths, the destruction of American commerce, and the general immorality which the protective policy fostered, and predicted that free trade would altimately prevail.

Few persons are aware that the idea of imposing taxes on commerce had its origin in piracy. Rivers were skirted with cables and galleys employed on the sea to overhaul merchant vessels and exact part of their cargoes as a ransom for the rest. It has been strained out since by various strainers of legislation, till it has became "protection"—the protection of wolves from ravenous lambs.

The statues to regulate the practice of medicine are unequivocally of the same character. They are designed to fence about, and protect a monopoly of medical practitioners from competition. So far as Scientific learning is concerned, they are no better than a ball and chain tied to the heels of progress. In regard to the people at large, hey are a delusion and a transparent fraud. Every word in Mr. Beecher's logis applies to them with emphasis.

INDEPENDENT JOURNALISM A BURLESQUE.

An "interview" in the New York *Herald* represents Dr. Sayre as appealing to the editors of our great journals and newspapers not to lend the influence of their columns to persons opposed to vaccination. Prof. Joseph Dobson wrote a letter to the Editor, asking for space to reply to Dr. Sayre's assertions. The letter was returned without note or comment. Prof Dobson then addressed a private letter charging Dr. Sayre with deliberate falsehood and conniving at a fraud. These facts are their own commentary. We are under a virtual gag-law Vaccination in this day of madness is ruling by terrorism and the expedients of scientific cowardice. It dares not face daylight or freedom o speech.

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THE NATIONAL ASSOCIATION.

THE next Annual Meeting of the National Eclectic Medical Association will be held at the City of New Haven, Connecticut, June 21st, 22nd and 23d, 1881. The call will be issued as soon as the local committee shall have perfected arrangements.

The inducements for a good meeting are superior. New Haven is a university town, one of the classic precincts of New England. The Commencement of Yale College, always an epoch in the Eastern Calendar, will be celebrated a week later. We know enough of our Eclectic fraternity to be able to certify that for intellectuallity, self-reliance and the qualities that evince manly charactor, there will be no exhibition superior to our gathering at the City of Elms.

By a resolution adopted at Chicago, in 1880, there will be a dividing of the work of the Association into sections, which will be held so far as practicable on the first and second days; as the third day will be assigned to the election of officers and the concluding of the work of the session. President Latta has accordingly made the following appointments:

A. *Surgery and Anatomy.*—Chairman, ROBERT A. GUNN, M.D., 45 East 22d St., New York City, N. Y.; Secretary, EDWIN YOUNKIN, M.D., 813 North 21st St., St. Louis, Mo.

B. *Public Hygiene, State Medicine and Medical Jurisprudence.*—Chairman, MILBREY GREEN, M.D., 2,389 Washington St., Boston, Mass.; Secretary, HENRY B. PIPER, M.D., Tyrone, Pa.

C. *Obstetrics and Gynæcology.*—Chairman, JOHN KING, M.D., 213 West 4th St., Cincinnati, Ohio; Secretary, HENRY K. STRATFORD, M.D., 243 State St., Chicago, Ills.

D. *Practice of Medicine, Materia Medica and Chemistry.*—Chairman, ALBERT MERRELL, M.D., 623 Locust St., St. Louis, Mo.; Secretary, G. HERMANN MERKEL, M.D., 322 Shawmut Ave., Boston, Mass.

E. *Ophthalmology, Otology and Laryngeology.*—Chairman, ROBERT S. NEWTON, 1 Livingston Place, New York City, N. Y.; Secretary, HENRY

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Olin, M.D., N. W. Corner of State and Madison Streets, Chicago, Ills.

F. *Physiology and Diseases of the Mind and Nervous System.*—Chairman, Samuel S. Boots, M.D., Greenfield, Ind.; Secretary, J. R. Borland, M.D., Franklin, Pa.

G. *Dermatology and Genito-Uniary Diseases.*—Chairman, Milton Jay, M.D., 513 State St., Chicago, Ills.; Secretary, Charles E. Griswold, M.D., 412 Gold St., Brooklyn.

The necessity of having papers ready and subjects studied up, will be manifest to every one. It will be far better for members to select topics and communicate at once with the Secretary of the Section or of the National Association, and so secure a hearing. All these sections ought to be well represented. Besides, papers read by title, too often fall to the ground abortive.

The Band Prizes will be announced as soon as the Committee come to definite conclusions. In justice to the munificent donor, whose benefactions to the National Association, and Medical Colleges have been generous and most serviceable for immediate necessity, there will be no reward offered for inferior work. A certain standard of excellence must be attained to entitle the writer to any award.

All papers promised at St. Louis are due and overdue; and those not soon delivered must be omitted from Vol. IX., of the Transactions.

The Committee of Arrangements for the next meeting are Maurice F. Linquist, M.D., Olive St., New Haven; S. B. Munn, M.D., Waterbury; George Andrews, M.D., New Haven, Conn.

WE GIVE IT UP.

A correspondent ask whether we can give him aid to procure pure vaccine views. No! We never call corruption *pure*; and vaccine views is diseased matter on the high road to absolute rotteness. It cause sicken, but cannot assure against sickness of any kind.

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MISCELLANY.

THE FADING OF LIFE'S AUTUMN-LEAVES.—The decline of the intellectual faculties of Ralph Waldo Emerson, has been obscured and commisserated for several sessions. What of him charmed his admiring auditors and called out the purer thought from its latency, is withdrawing from human wiew. Now, too, John G. Whittier has declined to write a poem for a specified occasion. The muse that inspires this greatest of American poets, refuses to obey the whip and spur; and we must wait her moods. Oliver Wendell Holmes, in turn, will not take up the end that Whittier lays down. He cannot longer write to order. In a letter to the managers of the *Boston Bazaar* in aid of the Soldiers' Home, he says: "If my heart would only write poems for me, instead of calling on my somewhat fatigued and now and then refractory brain to do it, you should receive a hundred glowing verses instead of this scrap of frozen prose."

CHOLERA COMING.—An eccentric writer whose lingo we fail to understand intelligently—his fault or ours—writes us: "Look out for cholera in the Spring." Very likely, we know that there is a close relationship of zymotic diseases, diphtheria, scarlatina, measles, whooping-cough and small-pox are having their day. They will run on for some weeks. Brag as they may, the Vaccinatoro and Sanitary Boards are powerless till that period is over. The dysenteric choleraie diseases have an eruptive character internally, analagous to small-pox and its kindred externally. Very likely therefore, the one epidemic will merge into the other. We shall observe the signs of the times with much interest.

CELEBRATED FORMULA OF CONFUCIUS.—His greatest achievement in the inculcation of morality was his formulating the golden rule, which is not found in its condensed expression in the old classics. When asked if there were one word which would serve as a rule of conduct for all life, he replied: "Is not reciprocity such a word? What you do not want done to yourself, do not do to others." A similar story is related in the *Talmud* respecting the celebrated Rabbi Hillel.

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Female Physicians in India.—A letter from Miss or Mrs. Sarah Heckford to the London *Times* states that she has practiced medicine two years in India without a diploma. She doubts whether there is a remunerative field for female doctors. They are greatly wanted; but she thinks the natives, though most ready to receive them, are unwilling to pay heavy fees for services to their women, and says that even in midwifery cases they will give a large honorarium if the child is a boy, and nothing at all if it a girl. The London *Spectator* adds to her statement: "The last remark is probably true, native feeling on that matter being as incurable as that of the old Jews; but we do not believe the general argument. Natives are rich, and like all other human beings, will pay for what they value; and they value their women. That it may be needful to claim fees in advance is possible, as they have a notion that medical attendance is a work of merit, which repays itself; and we have no doubt that a Government appointment, even without salary, would be an assistance to the first female doctors; but their are thousands of women in India with property of their own. The absence of a diploma would make all the difference in the amount of fee paid, as the defect would enable the native doctor to discredit the intrusive European. It a most serious pity that the experiment should not be tried at first with the assistance of the India Office, Ajmere, the centre of the Rajpoot Courts, being selected in the first instance. Nothing would be easier than to appoint a lady, "Additional Surgeon to the Residency, on 300 rs. a month."

Our Place in the Galaxy.—M. Houzeau has lately published a representation of the Milky Way, on a large scale, showing the equality of luminous intensity by means of curves. A great celestial circle, consisting of 33 bright masses, is apparent, and in the centre of this our solar world is very nearly situated. By experiments upon the absorption of radiant heat by gases, E. Lechler finds that a layer of carbonic acid 917 millimetres thick absorbs 90 per cent. of the luminous radiation. The carbonic acid of our atmosphere is, therefore insufficient fully to account for the atmospheric absorption of the sun's rays.

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Evil Effects of Vaccination.—To the many evidences already existing of the evil effects of vaccination, and cousequently the injustice of making it compulsory on the part of parents to subject their children to the poisoning operation, one other is to be added—that of three children now suffering "according to law" in Syracuse, N. Y. The father, J. F. Vidler, was opposed to vaccination, but his children were attending the public schools, and there was no alternative but to have the "operation" performed. The Syracuse *Herald*, reporting the case, says: "The children suffered very much from the effects of the vaccination, and it was nearly six months before their arms were healed. About three months ago, and shortly after the children had recovered from the effects of the vaccination, sores began to appear upon the bodies. These sores first appear in the form of pimples, or small boils, and soon broke and became running sores. Every effort was made to heal them, but as soon as one became healed the sores would break out on some other portion of the body. The three children, all who were vaccinated, are thus afflicted, and are at present in a pitiable condition. The sores are all over the body, and are painful and disgusting to look upon. All the children have been obliged to leave school, and consequently are deprived of educational advantage."

At a general meeting of the members of the New Academy of Medicine; held at 54 Rue des Francs-Bourgeois, Paris, on the 7th instant, the "Diploma of Honor" was unanimously conferred upon Dr. William Hitchman, of this city, for his numerous works and valuable services in scientific medicine during the past year. The doctor has contributed upward of 100 essays to the transaction of British and foreign societies.

It was Henry VIII. who confirmed the charter of the college of surgeons. Up to this time a co-partnership existed between barbers and surgeons. At the time of the charter there were only ten surgeons who confined themselves entirely to the practice of surgery.

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Revolting against Blood-Poisoning.—Mr. Alfred E. Giles, of Hyde Park, Mass., is doing a brave work against Compulsory Vaccination in public journals. He wields a trenchant pen and his arguments are facts. We have letters from Chicago and Indianapolis, from phyiscians who deprecate the mad endeavor to compel all children in Indiana and Illinois to undergo vaccination. Men who know or do better are arousing, to the matter, and we rejoice. We have an epidemic of small-pox, diphtheria aud scarlatina, and to combat them except with sanitary precautions is the height of the absurd. Some day the people will revolt.

Diplomas in Medicine.—Edward B. Lighthill, who was prosecuted in New York, on the New York Medical Society's complaint, was fined after pleading guilty of practising medicine illegally. He held a diploma of March 5th, 1857, issued by the New York Medical College, but it was shown that he was not a graduate of the college, and that his name had been inserted in the diploma over an erasure. At one time advertisements were not infrequent in the daily papers of New York, offering to sell or buy diplomas of diseased physicians. This shows the use to which the many of them may have been put.—*Chicago Medical Review.*

The Band Prizes.—The commmittee to select topics for the prizes for papers to be prepared for the next Annual Meeting of the National Eclectic Medical Association, have agreed upon the following topics: 1st. Zymosis: 2nd. Anemia: 3d. Neurasthenia. The full arrangements wiill be announced in time.

A Chinese steamer has arrived in London with a cargo of 3,000 tons of tea. Western civilization is absorbing the Eastern.

"Sir, I was cut out for a loafer." "Well the person who did it, understood his business."

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NEW PUBLICATIONS.

SUPPRESSION OF URINE.*

This little work is an enlargement of a paper presented to the New York Medico-Chirurgical Society, on December 14th, 1880. It gives a clear and concise description of Anuria based on an analysis of 93 clinical cases which have been carefully arranged in tabular form, The associate symptoms are also carefully noted, and so presented in tables, as to render their examination comparatively easy. The work is deserving of a careful perusal, which it will undoubtedly receive, from all who are interested in the subject.

ELECTRICITY IN MEDICINE AND SURGERY.†

This is the seventh edition of this little work, which contains eight lectures on the important subject of electricity in its application to the treatment of diseases. It constitutes a convenient hand-book on Electro-Therapeutics and may with advantage be substituted for some of the larger thoughtless practical works. The only important change from the previous edition is a lecture (5th) on Franklinic or Static Electricity, which is claimed by many electricians to have very decided tonic and sedative effects.

VENEREAL DISEASES.‡

This little manual gives a very brief and withal satisfactory condensation of the whole subject of venereal diseases in 62 pages. As a manual of students it has certainly many advantages and will save much time that would be required for the perusal of larger works. The history of these diseases, the various symptoms and the nature of the complications that arise in their progress are all stated in the most concise manner and everything that is superfluous is entirely

* Suppression of Urine: A Clinical Description and an Analysis of Symptoms. By E. B. Fowler, M.D., New York. William Wood & Co., 1881.

† Lectures on Electricity in its Relation to Medicine and Surgery. By A. D. Rockwell, A.M., M.D., New York. William Wood & Co., 1881.

‡ The Student's Manual of Venereal Diseases. By Prof. Berkeley Hill and Dr. Arthur Cooper. New York. William Wood & Co., 1881.

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omitted. The last ten pages are devoted to various formulas used by the authors in the treatment of these disases. They, however, remind us, in most cases, of the old-time treatment in vogue a quarter of a century ago, and do not compare favorably with the rest of the work.

UTERINE THERAPEUTICS.*

The volume before us is the November number of Wood's Library of Standard Medical Authors, and is a reprint of the 4th English edition of Dr. Tilt's work on Uterine Therapeutics. The various departments of gynecology are briefly discussed in a plain, practical manner that commends itself to the reader.

The chapter on uterine misplacement only occupies 26 pages, and yet that subject is handled more satisfactory than has it been by many, who have devoted volumes to its discussion. The volume is a valuable addition to the library for 1881.

*A Hand-book of Uterine Therapeutics and of Diseases of Women. By Edward John Tilt, M.D,. New York. William Wood8 & Co., 181.

ATTICS, LACONICS AND SCEINTIFICS.

THE changes in the Revised Version of the New Testiment amount to 36,191. The number in the *Gospels and Acts of the Apostles,* is 14,610 ; in *Revelations,* 2,467. The Greek original was also revised. Many of the new expressions are notoriously perverted. The Revisers hardly use plain English.

THE young evolutionist coming home from school in the rapture usual to the consciousness of great discovery, told his father that he believed all men descended from apes. "I did not," said the old man; "but there is not a doubt that you did."

FRIVOLITY probably leads more men and women to the insane asylum than the hardest and intenset pursuit of mental or material wealth.

A CENT makes more noise in a contribution-box than a five-dollar bill : and the stingy giver generally talks most about his boons.

MONEY is the contribution of the lower millions to the general store, while ideas take the lead in practical results.

PROHIBITIONS are needed for impartial minds, but the true adult is a free man.

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The Medical Tribune.

VOL. IV. FEBRUARY, 1882. NO. 2.

A VIEW OF VACCINATION.

PARADISE, says Mohammed, lies under the shade of swords. Whoever loves truth, and means conscientiously to pursue it, will find his peace in his own bosom, but abundant storms, malevolence, calumny and brutal treatment outside. There exists little toleration for a sincere man. The seer will be stoned; the false prophet, exalted as a scientist, directing and instigating the act. He is the overlord. Such scientists occupy a very narrow place and are apt to be bigoted and intolerant.

There exists at the present time a small-pox epidemic in the United States. It is no marvelous, nor unusual matter. There have been such, in repeated instances heretofore; and in a few years we shall certainly have another. It is a significant fact that such epidemics frequently follow epidemics of dysentery and choleraic disease. It ought also to be noted that examinations of the bodies of persons dying of malignant dysentery, have exhibited ulceration of the lining membrane of the intestines which bore a striking analogy to the pustules of small-pox. These facts have led some carefully-thinking persons to believe that there was a close relationship between the two ailments.

If this supposition is correct, it is evident that the same agencies will produce an epidemic of each malady, and that it is idle to hope to obviate either, except by means equally certain in regard to the

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other. Any such means must relate to the improvement of the general health, and not be directed to the peculiar form of manifestation. The same sanitary agencies which will prevent or remove one form of zymotic disease will be equally efficient against the others; and the remedy or protective agent which will assure against one will answer equally well against the others. This is common sense, and any cool, dispassionate thinker will perceive its accuracy.

These have been our convictions for many years. What observations we have been enabled to make, have seemed to fully justify them. We have never been zealous to thrust them before the public, for we are not of a belligerent disposition. We have been disposed to wait for such conditions of popular sentiment as would favor their dissemination. When one person, of thoughtful turn attains the perception of an important truth, it generally happens that he is not alone. Others, often in no communication with him, except by those mysterious avenues which really connect like with like, however remote in other respects, will arrive at like knowledge and conviction. In such patience and such confidence, we have waited for many years, to mature our own conceptions and find out others of like valuable attainments.

Clearly, if small-pox is a zymotic disease it will originate from causes like measles, scarlatina, diphtheria, typhoid fever, dysentery, etc. It is not sound reasoning to claim that it has a specific remedy or prophylaxis which its kindred diseases have not. If vaccination is in any degree protective against small-pox, it ought to be equally so against diphtheria, scarlatina and dysentery. We will pass over the suggestions of some advocates of vaccination, to poison healthy persons with diphtheria-germs and syphilitic virus, as means to mitigate or protect against contracting the diseases in the usual way, but these things have been proposed.

Our personal observation, somewhat limited, we acknowledge, has been sufficient to convince us that as a preventive of small-pox, and an agent to arrest and terminate a small-pox epidemic, vaccination is of no account whatever. We have believed differently, and reluctantly gave up that belief. But we saw persons whom we had known from early infancy succumb to small-pox; and we observed that the persons most ready to be frightened and have panics about contracting the disease were vaccinated individuals. They seemed to be afraid of taking the disorder themselves. We could not avoid

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the conclusion that vaccinated persons, those most strenuous for vaccination, had very little faith in its efficacy. We have seen no reason to change that conclusion.

Reading and a somewhat extensive correspondence and comparison of views, disclosed to us that many of the clearest-seeing, most cultivated minds of Europe cherished views like those to which we had arrived. The world-famous Baron Alexander von Humboldt was unequivocal and energetic in his denunciations of vaccination. "I have witnessed its mischief," said he, "in England, France and Germany." Such an utterance and from such a man, was calculated to impress a thoughful mind very forcibly. A distinguished physician of England, accomplished as a scholar, rare in his erudition and physiological attainments, J. J. Garth Wilkinson, whom from early manhood we have delighted to honor, gave a like testimony. We do not hesitate to affirm that if Dr. Wilkinson's tracts and papers on this subject could be placed in every English-speaking family in the world, not only would every statute and ordinance which now lawlessly compels vaccination, would be speedily abrogated, but what we consider this atrocious practice of blood-poisoning, would itself permanently end. It seems to us impossible to read these papers and not be convinced. Prof. Francis William Newman gives his views on the matter in a manner too forcible and indisputable to be passed over in silence except as a tacit confession that they cannot be refuted. The professors in various universities of Europe and England denounced the practice ; several of them because their own children had been diseased and ruined for life from disease thus inflicted on them. We, too, know of such.

Small-pox is most frequent among the foreign population in our tenement houses; and it is common to assert that they are not vaccinated; yet, if we are rightly informed, they have generally been vaccinated perforce in Europe, where, under paternal and despotic governments, such things are compulsory. They certainly have good cause to be prejudiced against it from actual knowledge and experience. There as well as here, in hospitals and elsewhere, the cold-blooded cruelty of nurses and physicians is inflicted on them. But the common assertion that they are not vaccinated is made without proof.

It was long regarded as impossible, with the light possessed and the tenacity of Englishmen for rights of person and domicil, to procure a statute for compulsory vaccination ; but one was stolen surrepti-

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tiously through Parliament when every one was thinking of the Crimean war, along with a provision to supply healthy prostitutes to the common soldiers of Her Majesty.

We are often asked for statistics. Those who ask are not aware that anti-vaccinators are not permitted to gather them. The officials of statistical Bureaus will remove any clerk or subordinate who is known to hold such convictions. In this city, on one occasion that we know, the officers of the Bureau changed the return made by a very intelligent physician, where the patient died from vaccination. When, therefore, persons who write against vaccination make use of statistics, they only use those which have been compiled, and perhaps manipulated, by their adversaries. If they are false statistics, the anti-vaccinators are not the liars in the case.

It is not convenient or agreeable for us to contest our views in the public journals. We are not aggressive. We are simply inquirers for truth, and desirous that truth shall be of service to others. Argument, however conclusive, never convinces anybody who is not willing. We have no passion for notoriety; and the public press of this city is to a great degree closed against us. Several of the public journals contain articles and accounts of what are called "interviews" with certain men; and we have good reason to believe that the "distinguished physicians" who are made thus conspicuous in particular daily journals pay for the use of their columns. It is a mode of advertising themselves, and an artifice to crawl around their own code of ethics.

Such men will not argue. They are unable. They are moral cowards. They will only speak where there is nobody to reply. They will talk after the manner of ruffians and blackguards, using the slang of the assassin; will storm and browbeat—for they are not gentlemen; they will pretend to be the scientists, when they know that they would not accept an angel from the highest or the most learned man on earth as a scientist who did not subscribe to their creed; but they will never submit to any candid comparison of views. They dare not. They want only a discussion where they may do all the talking and be abusive and untruthful without stint. A free debate would offend them mortally. Notice their imperious mandate to the journals forbidding them to print any paper or statement adverse to vaccination. Notice, too, that the journals obey!

Society, as now arranged, is for the strong against the weak.

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Might is the right. Power without responsibility is now dominant in this matter. We must let the billow of infatuation sweep on, and bide our time. Yet we are not disheartened. We go through the bog planting our feet wherever we find firm ground, and following toward the light.

In the long run the truth will win the day, even though we do not live to see it. Men of conviction will accomplish the work, despite those whose principles and endeavors are in the market. We suffer and are defeated, but the cause will live. The gill of hemlock did not extinguish Sokrates or philosophy. The flaying of Manicheus did not perpetuate the dominion of the Fire-worship in Persia. The senseless tirades uttered by the most overbearing men of New York, printed by their favored journals and copied elsewhere, will not arrest the undercurrent now setting in. At this very moment a large percentage of the physicians of the United States are doubters of the utility of vaccinating. In a few weeks the small-pox epidemic will pass away; and before we have another, we have good ground for the hope that the whole civilized world will have reviewed this matter, and recorded its verdict on the other side. We shall then have done with the absurd makeshift, and combat pestilence thenceforth like rational men, by hygienic and sanitary provisions. We now declare:

1. No proof whatever from scientific sources exists, or is pretended to exist, in behalf of vaccination; but only the evidence of ridiculous statistics—ridiculous because ill-imagined from the beginning, and variously self-refuting. It is as easy to prove from the statistics that vaccination arrests or prevents diphtheria, as that it arrests an epidemic of small-pox.

2. Small-pox has become more and more prevalent in England, more and more fatal, since vaccination has been made compulsory. It cannot be different in America.

3. Vaccine virus, for it is not lymph except by misnomer, is constituted of blood-corpuscles in the progress of destructive fermentation; and for that reason alone, it is a physiological crime to infuse it into the blood.

4. Whatever small-pox is, as a disease, it cannot be properly treated by an agency whose tendency is to retain its elements and causes in the body.

5. A large majority of persons are proof against small-pox in any epidemic; and for all such, under any theory, vaccination is useless

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and injurious. To boast of the excepting of such by vaccination is senseless.

6. Consumption is most rife where vaccination is most general.

If the men who now so vehemently abuse anti-vaccinators had lived a century ago they would not have scrupled to do the same thing to Edward Jenner, vilifying him, if not murdering him outright; for they do exhibit the murderous diathesis. We may safely predict, that if such men live a century hence, which we pray may not be the case, they will want to pillory, imprison and put to death the vaccinator as an enemy of the human race. "They are their own witnesses; they see not, nor know; else they would be ashamed."

They are now like the Fiery Dragon of the Apocalypse—"having great wrath because they know they have but a short time."

We are on the side of reason, philosophy and true science. We shall speak and bide our time, and our utterances on this subject will live through the centuries. Our crusade against vaccination is a struggle of health against disease, of virtue against error, of truth against falsity, of life against death. We are human healers, seeking to utter and disseminate the views which we are convinced are most beneficial to our kind. We believe in what we utter, and, believing, mean to live up to it. Even though overborne by the madness of the hour, our triumph is sure.

ALEXANDER WILDER.

DIPHTHERIA.

SOME HINTS ON DIAGNOSIS AND TREATMENT.

At the present time we have in this city a large number of cases of diphtheria, and in my locality I have witnessed this year some of the most severe cases that can come under the notice of the physician; and I wish to put forward some ideas in regard to certain aspects of the malady, and also the treatment which has been the most successful in the greatest number of cases.

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It is not my intention to go into a long dissertation on the nature and pathology of the disease, but to speak of it as we find it established in the sick-room. Frequently when we are called to see a child supposed to be suffering from some throat-affection, the first thing that attracts us is the peculiar redness of the skin. It is different from the scarlatinous eruption, not being of quite so deep a hue or so extensive. It is not seen in every case, but I think the worst types have it the least, and we must be on our guard that we do not mistake the case for true scarlatina. Our next point of attention is to examine the throat. How easy said; and yet how difficult, in most cases, such an operation is, any physician having much to do with children can testify. I always use a tablespoon; it is generally handy, and, in my opinion, superior to any tongue-depressor. Let it not be supposed that the pharynx can be seen by simply pressing the handle downward on the jaw after insertion, for in five cases out of six the child resists, and without you dislocate the maxillary you can see nothing. Now my plan, for which I claim originality, is simple. The spoon-handle is introduced gently, and quickly pushed far back toward the root of the tongue, sufficiently to provoke the act of emesis. Then the jaws relax and open, for now the child cannot resist, and at this moment is the time to see the throat, which generally presents the characteristic exudation upon one or both tonsils; or the pharynx may have been already invaded. After a view of the throat I consider the thermometer the best indicator of the prognosis in true diphtheria; for in ordinary ulcerated sore throat, after the initial fever, there is scarcely any abnormal temperature. So then, in diphtheria, we may expect to find a temperature of 102 to 104 degrees for several days. I have seen it as high as 106½ for some days and yet recovery take place. Still, a high fever should warn us of the danger of the case, particularly in the latter stage, as it is evidence of septicæmia.

Now in regard to treatment, I have no doubt but that my views will meet with some criticism, for the reason that I abandon local treatment entirely. Firstly, because, considering the great difficulty in opening the child's mouth, it is nearly always imperfectly performed. Who has not seen how the swab and antiseptic lotion provided by the physician in these cases is applied by the family? In nearly all the cases I know of they have generally succeeded in getting some of it on the lips and a little on the tongue, but no further. Secondly, even if they did reach, after a manner, the diseased portion, is there any

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evidence that its whole area has been freely disinfected, cauterized, astringed, or whatever effect is desired? I think not; and if any portion has not received its share of the medication, its specific and infectious nature will assert itself and the ulcerative process will go on as if nothing had been done. I rely, then, entirely upon the internal treatment, which can be made both antiseptic, tonic and astringent. Beginning then with the chlorate of potassa, which, although an old remedy, I believe the medicine most to be relied upon. Salicylic acid has been the rage and still has many adherents, but its tendency to disturb the stomach I have found to be its chief objection. The combination of the chlorate with the tincture of chloride of iron and veratrum viride is as near to a specific in the disease as we have yet arrived at. I prefer the veratrum to aconite, for the latter is rather too depressing for this exhausting disease, and will not reduce the fever without pushing it to a dangerous dose. I generally use from the start the following, and with it there is no necessity for local treatment:

℞.

Kali Chloratis
Tinct. Ferri Chloratis *aa* ℥i
Tinct. Veratri Viridis gtts. xvi.—gtts. xxxii.
Aquæ Dest.
Syrupi Lemonis *aa* ℥i. M.

Sig.—One teaspoonful every three hours.

This dose is suitable for a child from two to six years. The medicine must always be given with the injunction that nothing be taken in the mouth afterwards for at least half an hour, so that the full effects of the medicine shall get upon the throat, which it will in the act of swallowing far better than by any mode of swabbing; while the latter, to say the least, is both imperfect and injurious from the fright and excitement it causes the child. This treatment should be continued while there is the least exudation left, varying the veratrum, after the fifth or sixth day, for the tincture of nux vomica. This drug I can speak well of. It is the stimulant that is now required, for there are few diseases where the nerve-force is so soon exhausted as the one under consideration.

I would say that in those cases where the temperature is inclined to be high, and it is so in the majority of them, that the sulphate of quinia will be indicated. Now a word about its administration. It will not do to trifle with doses of two or three grains, for we have it on

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the best authority that small doses do not reduce fever. Then let five or ten grains be given at once, or night and morning, and a prompt reduction is generally the result. This is the safest treatment, and particularly so in the second week, when there are dangers from septicæmia.

The diet now claims our attention; and here I believe a great mistake is made in advising animal food, beef tea, soups and the like. There is a great idea among the people that such diet is necessary in all diseases; and the doctors have been helping them on to it for years. But who that has seen the dry tongue and cracked lips in diphtheria and knows anything about the office of the stomach, can consistenly administer animal diet in these conditions? I claim that they do positive injury, for they are not digested, but remain there and ferment; and will often cause a rise of the temperature—sometimes to the extent of becoming alarming.

Now my plan of dieting is to give that which is most nourishing and stimulating, and adapted to the malady. Two things particularly accomplish this—milk and whiskey. The idea has been advanced that alcohol is the antidote of diphtheria and I believe it; for in no disease can you get a better results from its use than in this. It agrees with the enfeebled stomach, sustains the heart, rouses the prostrate nerves and gives to them new life, and is suitable in all shapes of the disorder. In regard to the quantity, I generally prescribe according to age, one or two table-spoonfuls of Rye whiskey (not brandy, it is too heating) and the same of lime water to a goblet of cold milk, and let your patient drink of it frequently.

In conclusion I will only ask that those practitioners who have read my views will give the treatment a trial, and I am confident they will have good success with it, and if it will even save one little patient, my essay will not be written in vain.

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COLLODION IN RHEUMATISM.—Dr. E. E. Rivpel, Detroit, Michigan, (*Medical and Surgical Reporter*, Oct. 8, 1881), claims very good results from the external application of caoutchouc collodion in rheumatism. The collodion is painted over the affected part or parts, and is allowed to remain there for several days.

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EXPERIENCE OF A BALD-HEADED MAN.

Of all the mortifying and depressing things in the world, baldness is the worst. If ancient books are to be believed, baldness is not altogether a modern affliction. The Bible relates one case, where a lot of children were brought to grief for making insulting remarks to a bald-headed old gentleman. But it is a remarkable fact that, in modern times, heads bereft of hair are alarmingly frequent. Take a seat in the gallery of any of our well-filled churches on a Sabbath day; look upon the sea of heads below you, and what a sight presents itself! From a young man of twenty-five years to the veteran of eighty years, you will see hosts of heads in every stage of baldness; from a small bare spot on the top of his head, to the bare and shining pates of those whose hopes for a decent covering for the head have died out long years ago. If a man, viewing such a sight, be himself blessed with a good head of hair, the view is an amusing one; but if he be bald, he has the satisfaction of knowing that he is one of a numerous crowd, and he consoles himself, upon the principle that "misery loves company."

Much ingenuity has been displayed, in attempts to account for the cause of this wide-prevailing affliction. Climate may, and doubtless does, play an important part; but evidently the main reason may be found in the habits of life, and inordinate indulgence in appetites and passions. The writer, of course, is an exception to this rule. There are various classes and conditions of those unfortunates. The aged and hairless widower, partially rejuvenated, and feeling the returning fire of other days warming his ancient frame, very naturally longs for a youthful companion. But what is he to do? If impecunious, he must content himself with some widow or aged maiden, or go companionless to the grave. But if he be a man of means, his case is more hopeful. For while that bald head would hold forth no attraction for youth and beauty, yet a well-filled purse and a handsome dwelling carry with them an inspiration that youth and beauty cannot always resist. The lady's imagination is inflated; she dreams of the ease and comfort that such a home would afford; and the thought that in the nature of things, the old gentleman's money and prop-

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erty would in a short time, pass into her hands, is not without its effect on her mind, and plays no small part in bringing her to a decision. Then, she would look so interesting in black; and besides all this, she sees in vision some nice young man, with luxuriant hair, who might be induced to mend her broken heart. There is little difficulty in a rich widow again entering into the blissful state of matrimony; but the man assuming such relation is pretty certain to get behind a 2:40 horse, with a high-flavored Havana in his mouth, and say: "Go along old fellow; you did not cost me anything; old Snooks' money paid for you." But what of it? The old man would not do so badly after all. He cannot take his money with him, and he can at least share in the companionship and charms of youth and beauty, and that ought to be great consolation to a bald-headed old gentlemen. But not alone to old bald-headed widowers is a good head of hair a desirable thing; the time may come in the history of very many when a well covered top-knot would be a very convenient adornment. But just what that condition might be, would be well to be kept in the background, for fear of exciting the prejudice of wives and becoming unpopular in their estimation.

Now, to the owner of a pate as bare and glossy as an ancient mariner, the only thing that we can recommend is a wig; and we speak confidently from a professional standpoint. But to the bald ones, the skin of whose heads are normal and healthy, we would say that there is strong hope for you. The writer is a philanthropist, and "filled with the milk of human kindness;" and he rejoices to be able to say to you' despairing, hairless men, that kerosene is your remedy. Yes, the dark, crude kerosene will do the businessfor you. This leads me to the relation of my own case as a bald-headed man, and by what means I regained a natural covering for my head. It is usually thought that there is no hope for a bald-headed man who is advanced in years; and the question might be asked, that if you recovered from baldness, how old are you? Hold on there! that is a delicate question, and one upon which I am as sensitive as an old maid; and what is more, it is growing upon me as the years come rolling on. But this much I will say, that I am no spring chicken.

Well, I saw with dismay my hair growing gradually but surely thinner day by day, until the hair entirely failed to cover the scalp. Here was a very mortifying state of things; but what was to be done? About this time I heard of a former friend of mine, who held a position in

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the custom-house in New York, whose hair was entirely restored, after being badly bald for some time, by the frequent use of kerosene. My friend was far from being a young man, which inspired hope in my own case, and I determined to try its virtue; hopeful indeed, but not over-confident. I commenced the use of kerosene at once, rubbing it on well two or three times a week with a soft piece of flannel. In about a week—oh, horror! what all my life I most dreaded comeupon me. The remaining part of my hair fell off, leaving a spot as large as a breakfast-plate entirely bare. Had I not been a conscientious man, I would have been tempted to mild profanity on the occasion. What was now to be done? I despairingly offered a barber five hundred dollars if he would secure me a decent growth of hair on the bald spot. The man's eyes popped out at the liberality of the offer; but after a moment's thought, he gave his shoulders a Germanic shrug, and remained silent. It was evident that there was no hope in that direction. Now, what was I to do in this dilemma? Get a wig? No, that would be too transparent a cheat, and all my life I had abominated wigs, and I scorned the idea. To my sensitive nature my situation was most mortifying. All my friends manifested the utmost sympathy with me in my affliction; and their interest in that bare spot on my head was like a cat o' nine tails, hammering away on my bump of self-esteem.

Reader, are you a sensitive man? If so, did you ever, in turning a corner, butt up against an anxious creditor when, if a mansion was offered to you for a dollar, you could not buy a shingle on the roof? If you have, you can have some slight understanding of how I felt at each reference to the bare spot on my head.

When I went to church (which I do at least once each Sabbath) I took a seat back in a corner under the gallery, and away from public observation. But it seemed that the very imp of persecution was bound to pursue one. A bald-headed man was sure to take a seat before me, and on a line with my eyes, as if to reproach me with the constant remembrance of my unfortunate condition. Often when I was about being lifted to the third heaven by my pastor's eloquence, and just as the brightness began to break upon me, the sight of that bald-headed man, by reflex action, caused me to think of my own bare pate, when the bright vision vanished, and the glowing picture faded away and was lost.

No one can imagine how much I have lost, socially and intellectually,

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in consequence of being bald. Well, the kerosene had done its worst, and I thought if there was any virtue in the stuff, I was bound to find it out. It is true that it stained my pillow awfully, and my wife turned up her nose in disgust at the smell; but I was firm. She declared that her lungs were weak, and that the kerosene would be the death of her; that I did not care how soon she went, for I wanted a young wife anyhow. Expostulation and complaint were all lost on me. I was bound to persevere if she got a divorce from me for it. So she took up her night quarters in an adjoining room, and stays there yet. I was desperate; and so I hoped and feared and rubbed, for long months, without a sign of improvement. Finally, after about eighteen months, I though I saw indications of coming hair. My wife failed to see anything of the kind, and declared the stuff a fraud. But with a glass before and one behind, I watched faithfully the situation, for I was bound to succeed, or die in the attempt.. Finally there was no mistake; fine soft hair, like the down upon the lip of an aspiring boy, became daily more apparent, until the bald place was covered, and then "Richard was himself again."

For the last ten years I have been almost constantly afflicted with a rheumatism, that bade defiance to all remedial agents to cure, or even mitigate. It siezed upon the white fibrous tissues of the extremities, and was so severe that most of the time it was with the utmost difficulty that I could walk. But the sight of that new-born hair sent such a new and warm life-current through every capillary of my system, that not only put me back at least twenty years towards young manhood, but cured the rheumatism, from which I had so long and severely suffered. This may appear unreasonable, but there is no limiting the action of mind on the physical system besides, the absorption of the kerosene may have played a very important part. Yes, the kerosene has done its work, and I am a new man!

I am seriously thinking of getting a new suit of clothes and renting a conspicuous pew in some fashionable church. I am also contemplating buying an oil-well and starting a hospital for the cure of bald heads; there is an everlasting fortune in it. "All hail, glorious kerosene! thou mighty friend of the bald-heads; flow on forever."

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HEAT AND HEALTH.

We have somewhere read of a system of cure in which the only means used was heat. The principle upon which this system was founded had an appearance of plausibility. It was expressed in a sort of motto: "Heat is life—cold is death." Hot substances, such as ginger, cayenne pepper, etc., were prescribed for internal use. Hot baths of various sorts were applied externally. While it is well known that extremes of heat, no less than extremes of cold, are destructive of both life and health, it may be well admitted that a moderate administration of either might be beneficial in many cases. It is on a modification of this principle that hydropathy is based; not, as for a time misnamed, the *cold-water* cure. Water of various degrees of temperature, and air as high as two hundred degrees Fahrenheit, are employed, according to the effect desired.

There can be little doubt as to the advantage of a due amount of heat so far at least as the preservation of health is concerned. And in cases where health has been interfered with through defect of heat, a supply of heat in proper degree must be beneficial. And it may even be allowed that, under certain circumstances, an extreme degree of heat may be used with advantage—as in the case of the Turkish bath.

When a person swallows a dose of cayenne pepper, or enters the hot-room of a Turkish-bath, he experiences the effects of artificial heat. When he partakes of a meal of ordinary food, or exposes himself to the rays of the sun, the heat he derives from either source is natural. The combustion of carbon in respiration, and the burning of coal in the furnace of the bath, are very similar processes, both consisting essentially of the chemical combination of oxygen gas with carbon. Stephenson termed coal, "bottled sunshine;" and the same may be said of cayenne pepper and all similar substances from which heat can be evolved.

Science has done much to utilize and conserve the heat derivable from respiration and from the combustion of fuel in our stoves and grates. By means of suitable clothing and muscular exercise, we husband the heat produced within us; and by properly constructed fireplaces and dwelling-houses, we economize the heat of our fires. It

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is very questionable if science has done as much in utilizing and controlling the immense amount of heat continually radiating from the sun. Even in our temperate zone, during our brief summer, the poet makes the sun "shoot full perfection through the swelling year;" which is the literal truth. But at what expense and pains do our "busy house wive" prevent his benign rays from penetrating our dwellings. Window-blinds of every form have become a great article of modern trade. The advantages obtained from cheapened glass, in the form of enlarged windows, are in a great measure lost. The fear of faded colors in carpets, hangings, and other upholstery, deprives our apartments of a healthy influence from the great source of light and heat. On a smaller scale, might it not be said that the parasol (sun-guard) saves the complexion of our *fair* kinswomen at the expense of their health and vigor.

There are some indications of a more rational appreciation of the value of sunshine both as a preservative and restorative of health. The late Mr. David Urquhart, M.P., and Secretary to the British Embassy at Constantinople, who acquired vast experience in the East, attached great importance to the rays of the sun as a means of cure. He affirmed that he cured even consumption by means of exposure of the body of the patient to sunlight, without any other remedy. In a work on the Turkish bath, by Sir John Fife, senior surgeon to the Newcastle Infirmary, in which he gives many passages from the writings of Mr. Urquhart, this agency of sunshine is introduced. The experience of a New York physician is quoted to the effect that he had so many facts illustrating the power of the sun's rays in curing certain diseases, that he seriously thought of publishing a work to be entitled the "Sun-cure." He says: "I have assisted many dyspeptic, neuralgic, rheumatic, and hypochondriacal people into health by the sun-cure." He mentions the case of an overwrought lawyer who was suffering from partial paralysis. His right leg and hip were reduced in size, with constant pain in the loins. He was obliged, in coming up stairs, to raise the left foot first, and drag the right foot after it. He told the doctor he had been failing for several years, closing with, "My work is done. At sixty I find myself worn out." The doctor directed him to lie down under a large window, and allow the sunshine to reach every part of his body. He was to begin with ten minutes a day, gradually increasing it to an hour. His habits were not materially altered in any other respect. The result was that in

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six months he came running up stairs, like a vigorous man of forty, and declared, with sparkling eyes: "I have twenty years more of work in me."

Mr. Urquhart mentions the experience of a correspondent of his, who had been recommended by Dr. Proel, at the baths of Gastein, to try air-baths in the neighboring forest. At first, he used to remain for two hours undressed in the shadiest part of the forest. He confidently asserts that his health derived the greatest benefit from this practice. But on another visit to the continent, he determined on the addition of what he terms another element of power—full sunshine. He says: "I am easily affected by the sun; the consequence being headache and derangement of stomach. I found, however, when the body was entirely exposed to the sunshine, and without even the head being covered, or the pit of the stomach—an equally sensitive part—being sheltered from the rays, that I was not in the slightest degree unpleasantly affected. But on resuming my clothes, or even a portion of my clothing, I instantly experienced the symptoms I have alluded to, and was obliged quickly to get into the shade. I reversed the experiment, and proved the fact." He further describes the sensation of sunshine on the body as very agreeable—genial warmth, not heat, being felt. He noticed, on covering any portion of it with a single foot of light clothing or linen, that the heat on that part became intolerable. These sunshine baths lasted from half an hour to an hour and a half in ordinary summer heat. He also mentions a pricking and itching sensation all over the body, with redness of the skin, which followed these sunshine baths. These symptoms lasted a couple of days; but he used no remedy, only he did not try any more baths till they had disappeared.

Shortly afterward, Mr. Urquhart met one of the most celebrated physicians in Europe, Dr. Scanzoni, of Wurzberg. He was much interested in the narrative of the sunshine bath, and anticipated the statement respecting the head remaining unaffected. The doctor explained it by an equal diffusion of the sunshine over the whole body, by which the action of the blood would not be determined merely to the head. The doctor also gave him to understand that the greatest power is practically the most ignored by medical science—that it is unreasonable not to believe that the great centre of the action in nature can exert vast influence on the human organism, and develop the energies and resources of life.

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The curative properties of heat were observed fifty years ago in the experience of a French physician, who fortunately committed the results to the press. Dr. Gosse of Geneva, published a book entitled *Des Maladies Rheumatoides* (Geneva and Paris, 1826). In this work, the author speaks highly of the remedial value of heat. He says: "The excitant which plays the most important *role* in the phenomena whether of health or of disease, is caloric—a fluid imponderable and incompressible, which pervades all bodies, and vivifies all organized existences. No other agent can be compared with this one in the treatment of rheumatoid disorders. It is, so to say, the soul of this treatment, and all other means can only be regarded as subordinate. Who can tell if even those substances which we define as excitant are not indebted to its presence for their properties? At least, we find among them principles eminently combustible, and which disengage a considerable quantity of light and of caloric." Dr Gosse regards the restoring the action of the skin as the *modus operandi* of heat as a remedy. He says this explains the immense advantages derived by the Greeks and Romans from the use of the bath. While still employed by the Russians and the nations of the East, he regretted its neglect in the central parts of Europe, where a less equable climate renders rheumatic affections more frequent and inveterate. He says: "We ought to put up prayers that the European governments may favor the introduction of such public establishments, and so bring within the reach of the citizens unendowed with fortune this real panacea, for the larger portion of the evils that assail mankind.

It may be mentioned that whether the theory of heat current when Dr. Gosse wrote, or that now more generally received, be the correct one, the practical value of heat as a remedial agency is in nowise affected.

It is now about twenty years since the hot-air bath was introduced as a curative agency into the Newcastle Infirmary. Sir John Fife, senior surgeon to the Infirmary, had experienced the benefit of a private bath in Northumberland, in which he was treated as a patient. He brought it under the notice of the Pathological Society of Newcastle, and also the House Committee of the Infirmary. The Duke of Northumberland lent his influence to the movement, having witnessed, during his Eastern travels, the value of the bath. The result was the construction of a hot-air bath in the hospital. The

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Report of the Infirmary bears ample testimony to the value of the bath in a great variety of cases considered suitable for treatment.

The hot air bath has also been found suitable for the treatment of mental disease. It has been introduced into several lunatic asylums. The *Lancet* in noticing the Fifth Annual Report of the Sussex County Lunatic Asylum, mentions that Dr. Lockhart Robertson published some important remarks on the Turkish bath as a curative agent. He relates a cure in which a patient was admitted with symptoms of mania, complicated with dropsy and albuminuria of the most severe character. The patient was in a desperate state, menaced with madness and paralysis, and apparantly dying from the extent of kidney disease. Dr. Robertson states that the bath saved the patient life, and restored him to reason. He believes its medical uses to be very great. Of its curative power in the early stages of consumption, he has had several examples, and is of opinion that if used at a sufficiently high temperature—a hundred and seventy to two hundred degrees—the results will astonish us all.

Mr. Urquhart explains that this high temperature is quite endurable when the heat is radiating. Heat which is transmitted through flues is said to be more oppressive at high temperatures than heat which radiates directly from a heated surface such as a stove. He does not profess to explain the reason; but he thinks radiating heat more nearly resembles the rays of the sun, and impresses one with a sort of electrical action. This seems to correspond with a fact quoted, on the authority of Sir David Brewster, in regard to the effect of sunbeams on magnets. Professor Barlocci found that an armed natural lodestone which would carry one and a half Roman pounds, had its power nearly doubled by twenty-four hours' exposure to the strong light of the sun. M. Zantedeschi found that an artificial horse-shoe lodestone which carried thirteen and a half ounces, carried three and half more by three day's exposure, and at last arrived to thirty-one ounces by continuing in the sun's light. He found that while the strength increased in oxidated magnets, it diminished in those which were not oxidated, the diminution becoming insensible when the lodestone was highly polished. He now concetrated the solar rays upon the loadstone by means of a lens; and he found that both in oxidated and polished magnets, they acquire strength when their north pole is exposed to the sun's rays, and lose strength when the south pole is exposed.

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It is well known that the action of the hot-air bath on the human frame operates through the skin. In many disease, the skin is under-active, and requires increased circulation of blood. The congestion of internal organs is thus relieved, and digestion, respiration, etc., promoted.—*Chamber's Journal.—Eclectic Magazine.*

SEA-SICKNESS, ITS CAUSES AND TREATMENT.

The symptoms of this distressing complaint are in all probability known to most of us, but a careful consideration of each symptom as it occurs may perhaps help us better to understand the true causes of the disorder, and to suggest a remedy. In all cases of sea-sickness, the actual vomiting is preceded by certain sensory impressions. I allude more especially to the disgust of the sense of sight, smell and taste. For instance, most of us have observed that the sight of a person actually sick will often precipitate vomiting in another; so also are we very prone to be annoyed by certain smells which, under ordinary conditions, we should take no notice of, an odor which in some instances might be the reverse of unpleasant. Sea-sickness is generally accompanied by a sensation of chilliness and cold perspiration. Extreme pallor of the face is always noticed before vomiting; this pallor in not altogether like that preceding faintness, and as a rule is not accompanied with giddiness. This syncopic condition is, I think, more allied to that of shock which occurs in a strangulated or intussuscepted bowel, or from a severe blow over the abdomen. A knocking, or sensation of pulsation in the head, is often complained of by some people at the period. An excess of saliva (liberated probably by a paralytic condition of the ducts) is generally noticed in the mouth before sickness. The vomiting is usually sudden, with free discharge of contents of stomach. For a few moments after the vomiting the sick person feels somewhat better, but the nausea and vomiting soon return, and become as horrible as before. The feeling of utter prostration which comes on at this period is only too well known to most of us, and need not be described. If the voyage be

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a long one, the excessive condition of prostration, with inability to take food, may cause the condition of the patient to become serious. Constipation, due to a cessation of the normal peristalsis, may also become a dangerous symptom.

Causes.—The causes of sea-sickness are undoubtedly in the first instance mechanical. If it were possible to make a tracing of the movement of the vessel with the same accuracy that the pulse and respiration can be taken, we should find that no two successive movements were equal, either in time of swing or direction. No two waves are of exactly the same height, nor does the ship rise over them in the same period of time. It is an impossibility to get absolute rhythmical or synchronous movement. In consequence, then, of this great irregularity of movement the voluntary but automatically acting muscles of the abdomen are unable to fulfil their duty of pressing and supporting the contained abdominal organs. In other words, they are reflexly unable to appreciate the exact movement of time when the upward and downward movement of the vessel takes place, and are thus unable to act effectually. Want of support and due pressure on the contained abdominal organs permit greater latitude of movement, and especially increase the downward movement of the small intestines on their attached mesentery. These parts are perhaps more mobile than any other part, and the mesentery being very highly endowed with nerves, ganglia and blood-vessels, a disturbance and discomfort must soon occur from the unaccustomed pitching and stretching that ensue, especially on the downward movement of the vessel. In connection with this loss of tonic support by the abdominal muscles it is easy to understand how persons with pendulous and flaccid abdomens suffer as a rule more intensely from sea-sickness than other. The want of normal pressure by the abdominal muscles and a continuation of the deflexion and undue stretching of the intestines on their mesentery soon produce nervous-shock and paralysis, more especially to those branches of the sympathetic which are connected with the small intestines, and those vaso-motor branches which control the calibre of blood-vessels. The normal tonic contraction of the arteries, which should exist, gives palce to vascular dilatation and the blood in these vessels becomes increased. The arteries of the abdominal area are more dilatable than those of any other area, and this with the loss of resistance in the vessels will permit the admission of an undue amount of blood. This extra blood

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is abstracted from the general circulation, and consequently other areas become anæmic, and their tone lowered. From the evidence of syncope before mentioned, it is quite clear that there is a defective supply of blood to the head and extremities. The defective tone of the cerebral circulation may account for the sensation of knocking or pulsation in the head so often experienced in sea-sickness. The immediate cause of actual vomiting may be due to the excessive irritability of the periphery of the nerves of the stomach and intestines, due to the before mentioned hyperæmia, or to the anæmic and disturbed circulation of the brain and spinal cord. The nausea which some persons feel when riding with their backs to an engine or horse, although less in degree, is susceptible of a similar interpretation. For instance, when a person rides back to the engine (or horse), any continuous jarring or irregularity of the moving vehicle tends to throw the mesentery and bowels from their spinal attachments forward, and so stretch them; but when riding face to the engine, the tendency is to throw the bowels and mesentery on to their spinal attachment in the reverse way, and consequently without any stretching of the nerves or vessels. The abdominal muscles, acting also as a guard, appreciate the shock first and press inwards.

Treatment.—From the foregoing remarks on the symptoms and probable causes of sea-sickness, it will now be readily understood that anything which decreases the mobility of the abdominal organs or mesentery tends to check the severity of sea-sickness. Following out this practice, I always recommend the taking of a brisk aperient pill either compound rhubarb or aloes, on the evening previous to a sea voyage. This removes all solid matter, and by so doing lessens the pendulous action of the intestines on their mesentery. The vacuum produced is replaced by certain gaseous matters, which I think, are rather beneficial than otherwise. This leads me up to refer to the value of most effervescing drinks, such as champagne, soda-water, zoedone, etc. The benefit resulting from these is due, I think, to the liberated carbonic acid gas; this gives pressure and support to the abdominal organs from within, and renders them less liable to be depressed. The inhalation of nitrite of amyl has at different times been recommended for this disorder, and sometimes used beneficially, but it relieves only one of the symptoms of sea-sickness—viz., the syncope. It is a dangerous remedy if persisted in, and should never be used except under the direction of a medical man. Chloral

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and morphia injections can only act by their power of narcosis, which causes a blunting of peripheral and central sensibility.

Pressure over the abdomen is by far the most hopeful remedy we possess. A well-made mechanical appliance, specially designed for this purpose, and made for me by Messrs. Maw, Son & Thompson, Aldersgate St., I have found to be most efficient. This support fixes the abdominal organs, it also helps to do the work of the abdominal muscles until they become sufficiently educated to reflexly appreciate the exact moment when their duties should be performed. Bearing upon this latter point, it is well known that old sailors, after a long Pacific voyage, where the seas are regular and very large, frequently become sea-sick when crossing the British Channel and the Firths, where the waves are short and choppy, and the movements of the vessel very different from that which they have been accustomed to. In this case the abdominal muscles of the sailors have been well accustomed to one kind of movement, but are utterly unable to appreciate the other. It is found by experience that if the abdominal muscles can be kept in an almost continuous state of contraction, the tendency to sea-sickness is very much lessened. We can do this either by strongly willing to make these muscles contract, or by making a continuous expiratory effort as in singing or whistling; but most will agree with me that this would be by far too tedious a procedure to recommend.

It is well known that certain positions in a vessel are more likely to provoke sea-sickness than others. For example, an upright position with the back to the bow of a ship, and at one or other extremity of the vessel, is more likely to induce sea sickness than the horizontal in the centre of the vessel would be. If from any cause the voyager is unable to assume the recumbent position, the next best one is to sit down on a low chair or stool, with the knees drawn up to the body, the body being bent forward, and a roll of clothing pressed between the stomach and the knees. I have often noticed that this position gives relief, the extreme pallor of the face changing to a normal color.—Dr. P. W. G. Nunn, in *Lancet*, Dec. 17, 1881.

Small-Pox and other zymotic disorders are diseases of filth and are to be averted and remedied, not by filth, but by the adopting of habits of cleanliness.

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ERYSIPELAS.

We are fortunate, I think, in having chosen erysipelas as a subject for discussion, because it is a disease with which we all ought to be intimately acquainted. It crosses us at times, no matter what branch of the profession we are engaged in—as physicians, surgeons, or obstetricians,—and though, under these altered circumstances, it may wear different aspects, yet we have to deal with one and the same poison.

To the physician, it constantly assumes a severe character, either by its being prolonged from day to day, perhaps with a discharge and an elevated temperature, thus tending to exhaust the patient; or frequent relapses may bring about a similar result; or, again, its frequent repetition in the same patient leaves both himself and his physician in a state of uncertainty as to its cause, its prevention, and its consequences.

To the surgeon, it is a continual source of anxiety, often marring the effects of an otherwise successful operation; always an interference with nature's efforts at repair, and occasionally placing a patient in jeopardy who has sought the surgeon's aid to rid him of perhaps some slight disfigurement or deformity. Following an operation, it lends a totally different complexion to the case at once, and though it may not actually cause death, yet it seriously impairs the result, as well as retards recovery. The danger of this, however, is now reduced almost to a minimum by a strict observance, on the part of the surgeon, of proper antiseptic precautions, cleanliness and well-directed drainage.

To the obstetrician, it is, perhaps, a still graver complication when it occurs; but, I believe, in this country it is a rare sequel to parturition, mainly, I dare say, owing to the few maternity hospitals and few centres of dense population, and thus over-crowding is avoided and the chances of contagion much reduced, but partly, let us hope, our immunity to be due to the precautions and cleanliness observed by Canadian surgeons.

Though some periods of life are less obnoxious to this disease than others, and though it may be more frequent at certain seasons of the

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year, yet it will occur at all times of life and in every month in the year. It will, at times, attack the new-born as well as the octogenarian, the rich and well-to-do as well as the pauper. The gouty system due to the effects of high living and sedentary occupation will be as prone to it as the system broken down by intemperance and bad hygienic surroundings; and, lastly, the sexes seem to divide the palm about equally.

These considerations, then, should teach us to watch closely for its premonitions, to observe carefully its clinical varieties and peculiarities, to take reasonble precautions against its occurrence when we are aware of its close presence, and, more than all, to be careful, in our own dealing with the disease, not to convey it by any means from patient to patient. Though erysipelas has been recognized since the earliest times as a specific disease, and has received the attention of the most able in our profession, there seems yet to be some difficulty in accurately defining it so that we may place it in its proper class. The earlier writers believed it to be due to a poison generated in the body itself, and finding a local expression in the skin whereby it was thus excreted from the body. Later on, it was supposed to occur in consequence of a stoppage to the escape of acrid materials from the blood through the pores of the skin. The theory that it was, in fact, a lymphangitis first emanated from Germany, and this was followed by another, which classed it as a simple dermatitis. The later theory, and the one acceptable to the greater number places it among the acute exanthems. It has, however, some marked differences from these diseases, among which are the following : The short invasion, the indefinite course, the liability to relapse, the definite starting-point (usually from that part which happens to present a broken surface), its occasional protracted course, and, further, the first attack, instead of being a protection against subsequent invasions, often renders the patient peculiarly sensitive to the action of the poison for ever after. To these may be added, its occasional apparent tendency to attack certain families, *i.e.*, to be hereditary, though this is not established. On these grounds Trousseau opposed the view of is being an exanthem, and he therefore makes no distinction between idiopathic and traumatic erysipelas, and, in fact, regards every erysipelas as traumatic, believing that, if looked for, a wound in the surface will always be found as a starting-point. There can be very little doubt, at any rate, that erysipelas is

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due to a specific poison, but that it comes fairly under the category of the exanthemata is open to grave question. It would appear, also, that according to some observers, the varieties of the disease depend in great part upon the mode in which the poison enters the system, all not holding with Trousseau that it invariably enters by a wound; and, in fact, many close observers acknowledge that it may arise spontaneously (that is, not due to a previously-existing cause.)

More recent investigations into the nature of this poison have discovered a bacterium or a microphore, and it would seem that this growth constitutes the true *materies morbi* of erysipelas.

However produced, when once it attacks the skin it seems to be endowed with great powers of reproduction, and thus the disease is extended by actual contact, and the resulting dermatitis is the effect of the irritation produced by these minute foreign bodies in countless myriads. They would appear to be endowed with only a brief existence; but, as I said before, having great powers of reproduction, by their multiplication the disease is extended from part to part. The experiments of Lukomsky go to show that the micrococci are only present during the dermatitis and disappears as it subsides. The observation explains itself better I think, and is more consistent with the theory, if we say that the dermatitis subsides when the term of life of the micrococci ends.

This theory to my mind fills the gap in the pathology of erysipelas and fully accounts for the symptoms and clinical history of the affection. The varieties met with will depend first upon the virulence of the poison when it attacks the system—*i.e.*, with its state of dilution as it were—and the degrees of severity in different cases will depend in a great measure upon the fertility of the soil upon which the poison is sown. This accords with what we actually observe. Subjects in fair health and with their secretions all in a normal state, do not seem to take on the morbid action even when exposed to the contagion, and if they do it will occur as a rule, mildly. As we descend the grade of health we observe the disease attacks in a more severe form, especially is this observed in those living in bad hygienic surroundings. This disease, then, usully confines itself to the skin, but it is agreed that the mucous membranes will sometimes take on the morbid action as well, and, indeed, it very frequently begins near one of the orifices of the body where skin and mucous membranes seem to merge the one into the other. Trousseau says it is this fact that sometimes

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leads one to believe that it arises spontaneously and without a break of surface because the swelling and inflammatory action that at once ensue on its introduction mark the probably small and insignificant wound in the soft mucous membrane.

As to its affecting internal organs it never does so primarily, but if lungs, stomach, intestines or other viscera become affected it is due to the spreading of the poison by actual continuity of surface. I have contented myself, then, with these few observation on the pathology of the disease in the hope that others here may offer remarks upon other branches of the subject. To go into the symptomatology, clinical history, terminations and varieties of the disease would occupy too much of our time for one evening. With regard to the treatment of this affection I think our knowledge is yet very imperfect. If the pathology hinted at above is correct, then we may hope for some specific treatment to arise in the near future. Now that animal and vegetable chemistry is assuming such an important place in our therapeutics we must hope for an antidote to this erysipelatous germ, if I may used the word. In the meantime, we must content ourselves with rational orthodox treatment. I would like now to ask those present to state shortly their method of treating this affection, taking a moderately severe case as a standard. Whether they have found Tr. Ferri Chlor. sufficient to meet the symptoms. If so, in what doses is it prescribed in the case of children and of adults? Lastly, whether any benefit can be expected from local applications? If used, what variety seem to be most beneficial? Do they ever check the onward march of the disease?—R. W. Powell, M.D., *in Canada Medical and Surgical Journat.*

More Blood-Poisoning—There is now a theory that diphtheria may be prevented by artificial vaccination. The diphtheritic plant, which appears on the membranes, may in time be cultivated and used for inoculation. Who is ready to be insulated? It is known that we have three times as many deaths from diphtheria as from small-pox. Why not then poison every body with diphtheria-virus, however healthy. It is as rational and proper as to poison by vaccination.

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URÆMIC CONVULSIONS TREATED BY VAPOR BATHS AND CHLORAL.

On August 17th, 1881, I was sent for to see Miss N——, aged thirty seven years. She stated that she was suffering from a bilious attack. On examining her symptoms I found she had suppression of urine, with intense headache, nausea, and constant vomiting; frequent pulse; hot dry skin. The patient had not passed water for a week; her bowels were much constipated. I ordered a diuretic mixture consisting of acetate of potash, spirit of nitrous ether, chloric ether, and water, to be taken every four hours. I also ordered a vapor bath by means of a spirit-lamp placed under a cane chair, a blanket being over the patient; and I further prescribed a couple of aperient pills at bedtime. On seeing the patient next day she was no better; neither the diuretic nor aperient had acted. I gave directions to administer the diuretic at shorter intervals, and to continue the baths every three hours.

On the fourth day of the illness I observed twitching in the hands and legs. The patient had now much difficulty in getting out of bed. I therefore had a regular vapour bath procured, and directed one to be given every three hours while the patient was in bed, until the skin should act well. After the first of those baths a copious diaphoresis, followed by an action of the bowels, ensued, but no water was voided.

The following day I was hastily summoned and told that the patient had convulsions lasting for various periods between a few minutes and half an hour. I met later in the day in consultation my friend Dr. Murrill, who agreed with me as to the diagnosis and an unfavorable prognosis. I nevertheless continued the baths at the same intervals, and each producing sweating. I had been enabled since the first diaphoresis to get milk and beef-tea retained; small quantities given frequently. The convulsions continued at various intervals till next day, when I was sent for to hear that they were so violent that it was with difficulty the patient could be held in bed, much less given the baths. The case appeared now to be hopeless. However, I was determined to continue the baths if the patient could be kept at all quiet. I ordered a mixture containing one drachm of syrup of chloral and five grains of iodide of potassium to one ounce of water,

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to be given every three hours until the patient was less violent. After the first dose of the mixture the convulsions ceased. I therefore discontinued the chloral, but continued the iodide. I gave half a drachm of compound powder of jalap, but this had no effect whatever on the bowels. The powder was repeated four times, but did not act until an enema had been administered, and then only slightly. Now for the first time water was voided, about half a pint, and this after an interval of fourteen days, The baths were given every three hours, each one acting well on the skin, the patient taking a fair quantity of beef-tea and milk. The bowels being still very confined I gave one grain of Elaterium in a little sugar. This caused one good evacuation. From this time the patient passed water two or three times daily, being assisted out of bed to a night-stool as she refused to allow a bed-pan to be put under her. On testing some of the urine free from fæces the first opportunity I could, I found that it contained two-thirds albumen.

The patient now complained of great pain in the loins, over the kidneys. Hot fomentations were appled with much relief to her, and she passed a considerable quantity of urine during the next twelve hours.

The baths were continued for three weeks, being gradually reduced in frequency during the day; the iodide was continued for the same length of time. At the end of three weeks from the beginning of her illness the patient was able to be moved to a sofa. Her bowels acted daily without any aperient. During the period of convalescence meat and fish were taken on alternate days, together with such vegetables as marrow and beans. About a quart of milk was taken daily. At the end of a month the patient was able to walk about the room, and was removed into the country, where she rapidly gained strength. Fifteen-minim doses of the perchloride of iron, I should have mentioned, were substituted for the iodide at the time that the solid food was begun. I may add that I had the assistance of two very good trained nurses, who carried out thoroughly every direction given.

I attribute in a great measure the success of the case to the constant use of the baths, together with the administration of the chloral. Patient had never been hysterical nor had she been accustomed to take any alcoholic stimulant. She attributes her attack to a cold taken just before her water ceased to pass.—Dr. A. B. Kelley, *in Lancet*, Nov. 19, 1881.

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TREATMENT OF DISEASE OF THE HEART.

In cardiac affections, modern therapeutics has begun to employ three new medicaments: bromide of potassium, iodide of potassium and hydrate of chloral.

I. According to Binz and See, bromide of potassium has a direct action upon the heart and peripheral circulation, so much so, that it should be classed among the cardio-vascular rather than among the nervine remedies.

According to Gubler, bromide of potassium exercises a very remarkable sedative influence over organic disease of the heart; it causes intermission of its action to disappear, and brings down the pulsations from 108 to 78.

Prof. Dujardin-Beaumetz places bromide of potassium among the heart-tonics, and places it in the first line, immediately after digitalis: "Bromide of potassium" he says, "regulates the circulation, and has sedative qualities with relation to the cerebro-spinal axis and particularly upon the medulla oblongata. It is very superior to opium, which increases the already too great congestion of the encephalon; it regulates the pulsation of the heart, diminishes the nervous irritability, so frequent among subjects of cardiac diseases, and may thus combat the insomnia which enfeebles and exhausts the patients.

"We employ the bromide of potassium," says See. "1. As a moderator of the peripheral circulation, especially in cardiac affections which are accompanied with diminution of the arterial pressure, increase of the venous pressure, accession and irregularity of the beating of the heart, passive congestion, œdema, cyanosis and dyspnœa. 2. As a depressor of the reflex excitability. 3. As a hypnotic."

II. The second medicament recently employed with much success is the iodide of potassium. In his book on "Diseases of the Heart," published last year, Prof. See says of iodide of potassium, that it is not only the best agent with which to combat the asthma, but also that it is the most useful remedy in dyspnœa of cardiac origin. By preference he employs it in alterations of the structure of the heart itself rather than in valvular lesions.

III. Chloral hydrate is also frequently employed in cardiac affections. First of all, it slows the contractions of the organ, and then diminishes

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it enegry; such is the researches of Liebreicht, Demarquay, Rokitansky, Troquart, See and others. Chloral acts by paralyzing, so to speak, either the intrinsic *automotor* ganglia of the heart, or the bulbar vaso-motor center.

The researches of Vulpian, Claude Bernard, Rejewski, Owjanikow, Heindenhain and Rokitansky demonstrate that chloral hydrate has a paralyzing action upon the vaso-motor nervous center, which leads to a dilatation of the peripheral vessels with diminution of the blood-pressure. Thus, following the action of chloral, reflex influences are incapable of exciting the vaso-motor center.

In seven patients affected with diseases of the heart, treated this year at his clinic, Prof. Renzi has employed these remedies, and from an attentive examination of these patients, he has been enabled to draw the following conclusions:

First. That bromide of potassium diminishes the anxiety of patients affected with cardiac affections; the experience of a certain sensation of "well-being" and respiration more easy. Under its influence sleep is more tranquil, more easy and of longer duration; there is likewise a return of physiological sleep, which appears to be the most constant, most advantageous effect of bromide of potassium. The number of cardiac pulsations and of inspirations diminish; the decrease of the latter, to the present time at least, is the noticeable. The cough alone seems to be aggravated under the influence of this remedy.

Second. The iodide of potassium succeeds best and is most useful in cardiac diseases. Its principal effect is to ameliorate the respiration in a remarkable manner, and especially to cause the symptomatic asthma to cease.

Third. Chloral hydrate, in small doses, may be used against the insomnia which torments cases of heart trouble. In general, however, it does not diminish dyspnœa of cardiac origin. It facilitates cerebral torpor, somnolence, phenomena which are not rare in disease of the heart. It is very often necessary to suspend the administration of chloral, because given with iodide of potassium, it produces a grave and persistent somnolence in these patients.—*L'Union Medicale du Canada.*

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BEATITUDE OF MODERN SCIENCE.

Prof. E. D. Cope, of Philadelphia has secured the skull of an extinct monkey which seems to fulfill in a remarkable degree the conditions of the missing link between man and the lower animal. It is not larger than the skull of a small ground-squirrel, and belongs to a species of marmoset. It was found in the valley of the Big Horn River, Wyoming Territory. The Professor says: "This skull is remarkably similar—in miniature, of course—to the human skull. The brain-space is remarkably large, and is, in fact, several times larger than the brain-space of any of the skeletons of animals of the same period of time. The characteristics of the formation of the human skull are clearly defined—so clearly as to be remarkable. The teeth are almost the same as human teeth, while the jaw has many strong points of similarity. I consider this skull as the earliest indication of the existence of man. It is a new species of a familiar class, and has hitherto been unknown to the scientists. The connection between man and this animal, it seems to me, must have been very close, although, of course, nine men out of every ten would raise a dispute. No animal at that time except this peculiar species has a head like that of a human being, and the brain-space, contrasted with the brain-space of other animals, or even of the monkey of to-day, shows a vast superiority of intelligence."

THE EYE-SIGHT OF READERS.

A writer in *The Literary Journal* calls attention to the danger which readers run of injuring their eye-sight by the use of bad light. He remarks that engravers, watchmakers, and all others who use the eyes constantly in their work, take extra care to preserve them by getting the best possible light by day, and using the best artificial light at night. The great army of readers are careless, and have,

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sooner or later, to pay the penalty of their carelessness by giving up night-work entirely, and sometimes reading, except at short intervals, and under the best conditions. All departures from common type-making the matter more diffiult for the eyes to take in, increase the danger. The magnitude of the physical labor of reading is not appreciated. A book of five hundred pages, forty lines to a page, and fifty letters to the line, contain a million letters which the eye has to take in, identify and combine each with its neighbor. Yet many readers will go through such a book in a day. The task is one he would shrink from, if he stopped to measure it beforehand. The best position and the best lights, clear type, plain ink, with the best paper of yellowish tints, and abundant space between the lines, afford the best safe-guards against harm.—*Popular Science Monthly.*

RATTLESNAKE POISON.

Dr. Lacerdo Filho has given the following facts in regard to the venom of the rattlesnake: 1st. The poison destroys the red corpuscles of the blood, and changes the physical and chemical [!] quality of the plasma. 2nd. It contains certain moving bodies somewhat like the micrococcus of putrefaction. 3d. If the blood of an animal which has died of a snake-bite is incculated into another animal of like size and species, each will die in a few hours with like symptoms and changes of blood. 4th. The poison can be dried and preserved for a long time without materially losing the specific quality. 5th. Alcohol is the best antidote yet known.

A Necessary Vaccination Statute.—Wherever a person is crippled diseased or in any way injured in person or life by vaccination, the person performing the operation should be held responsible for damages.

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The Mirror.

"All experience has shown that every legitimate branch of business is most successfully conducted when left to the management of those who understand it, with their hands as free from and untrammelled by legislative interference as possible."—LUCIUS ROBINSON, *late Governor of New York.*

AN APPEAL AGAINST MEDICAL LEGISLATIONS.

THE indications of the winter show the purpose to beleaguer Congress and the Legislatures of States for medical statutes, as improper, partisan and unjust as any that have been framed in former years. Every side-issue that can be used will be dragged in to facilitate the success of the Great Conspiracy. Small-Pox scares have for weeks been carefully and assiduously promoted by interested physicians, and public journals playing into their hands, on purpose to create popular alarm and drive members of legislative bodies headlong into the enacting of measures, the chief object of which will be to increase the power and emoluments of a certain class, under pretext of caring for the public health. Even the horrors of the Garfield tragedy are likely to be utilized in the matter; though the truth would operate adversely.

Medical men, very unfortunately know little, generally, and often seem to care less, about the sanctity of the rights of persons. They have hardly a thought, too often, about the old English principle that

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a man's house is his castle, which none may enter uninvited, except with due process for suspected crime. They are prone to forget the fact of the Common Law that no man may be required to submit to a surgical operation, without his own consent. They totally deny the principle laid down by Judge Anson Willis, that in this country, a man has the right to pursue any vocation that he pleases, without being accountable for anything in the matter, except actual wrong-doing. Men who are so indifferent and even unmindful of others' rights are ill-qualified to suggest the course of a legislative body. "Protection" and "regulation" in statutory matters mean a swindle on somebody. We care little for the pretense on which such legislation is sought; past experience has shown that the first aim and object has been to proscribe others, to make aggressions on personal rights, and do acts which worthy men and good citizens would scorn to do. However innocent and complaisant the statutes may read, they are all of them, but so many velvet-clawed panthers with sharp talons ready to tear blameless individuals. As such they should be opposed by every right means. They acquire no sanctity from being enacted, except such as brute force gives them; and in a law-abiding community their enactment is cruel and unjust.

In regard to scientific standards in medical colleges, we have always been strenuous for the very highest attainable. We would have regulations to require of every medical corporation, that it confers its academic degrees on qualified persons only; and would welcome statutes to annul the charter of every college that was delinquent in this matter, or sold a diploma. We are very confident that if such a measure could be made retroactive, there would not be a baker's dozen of medical colleges in Europe or America. There is a great deal of dirty diploma-linen in Old-School buck-baskets. So far, however, all legislation to compel the practitioners of medicine to have diplomas, has been in practical results, the veriest shadow of a sham. It has operated principally to drive undiplomated persons to procure a medical degree wherever one could be bought cheapest and most safely. Few have performed much medical study in consequence; but the receipts of medical colleges have been swelled by the increase of patronage. The people, who never desired the legislation, who never take any interest in the matter, although ostensibly for their protection, have had no physicians, in consequence, a tithe more competent.

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It is the right, despite all protest or statutory enactment, of any person in this country to follow the vocation of healing in any form he pleases, with or without a college degree. Anybody has the absolute right to employ him, who chooses. No dog or doctor has the right to move his tongue in the matter. It is not in the province of republican legislation to restrict or interfere with that right. Every enactment of the sort is usurpation. All physicians are liable for malpractice, whether for setting a bone badly, poisoning with vaccine virus, or any pernicious effect from the improper administration of drugs. That is all the law that is required, and it is perfectly safe to leave the matter there. Perhaps Russia, China and the Khedive of Egypt may think differently; but in the United States, republicans, jealous of centralization and encroachment, and all intelligent citizens opposed to the establishing of an irresponsible Medical Caste with baronial and sacerdotal powers and privileges, are for full liberty.

We oppose the annual graduating of medical ignoramuses as scientific persons, as it now is done; because it is a grievous, mischievous fraud on the public, which medical colleges do, knowing it at the time. But at the same time, we are even more opposed to invasion of sacred personal rights, under whatever pretext; and as the greatest danger to them now exists in matters relating to the medical profession, the place to set the pickets, is right there.

We appeal to our Legislatures and to those members who are opposed to monopoly and arbitrary power, to be vigilant in this very matter.

CURIOUS FRAGMENT FROM CELSUS.

In his treatise *De Re Medica*, Celsus the great Roman physician thus discourse respecting the classification of the healing art: "During this time,—that of Herophilus and Eristratus—physic was divided into three parts: the first cured by diet; the second by medicines and the third by manipulations. The first they denominated in Greek, *d i a i t e k e*; the second, *p h a r m a k e u t i k e*, and the

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third, *c h e i r o u r g i k e* "—(*t e c h n e* being understood.) "This last does not discard medicines and a proper regimen, but yet the principal part is accomplished by the hand. And the effect of this is the most evident of all the parts of medicine. This branch, though it be the most ancient, was more cultivated by Hippokrates than by his predecessors. Afterward, being separated from the other parts, it began to have its particular professors, and received considerable improvements in Egypt, "as well as elsewhere, principally from Philoxenus."

It may be worth while to remark that surgery as it is now understood, was not here meant, but *massage* and animal magnetism.

THROWING DOWN THE SHIELD.

THE *Eclectic Medical Journal* announces its purpose to fight no more against the creation of Boards of Health. We are a little in the dark about this, whether it includes all the trickeries to regulate the practice of Medicine and Surgery. It qualifies its language however by the phrase: "if the people want them." A good big chance for exceptions is thus afforded. All the Boards of Health that the people in this country ever wanted can be told on the fingers. They are chiefly political devices and expedients to pension Old-School Doctors for which the people cherish little good will. The *Journal* declares "the dominant school" powerless for harm, and growing a kindly feeling for the past few years, which will cause them to do us justice.

It might be suggested that this loving confidence toward the Old-School, the Musseys, Davises, and College Confederates, may be also solicited toward Eclectics. While in the West the wolves and the dogs are seeking to quarter in the same kennel and to unite in guarding the sheep, no such honeymoon or striking of hands is very near in the East. There is so much difference here between the two schools of medicine, that we must refrain from striking hands with oppressors, and continue faithful to friends and principles.

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CASE OF NON-VARIOLOUS SMALL-POX.

On the 14th day of June, 1881, Abe Todd, a somewhat notorious horse-thief in the jail at Springfield, Ill., was attack with a disorder, which the physicians duly diagnosticated as small-pox. Dr. J. H. Rauch, Secretary of the State Board of Health confirmed the opinion. The Sheriff removed his family, and fond mothers sent for doctors to vaccinate their children. The Board of Health ordered Todd off to the pest-house after the approved style of modern barbarism. The next intelligence was that he had escaped; and a horse had disappeared from a private stable the same night. A phial that had contained croton oil was found in his cell, showing the cause of the small-pox scare. This transparent wisdom of the astute secretary ought to be chronicled as another argument for creating State Boards to raise periodical epidemic scares and leech public Treasuries.

LIGHT ABOUT TO SHINE IN DARKNESS.

It is reported that Harvard Medical School is about to admit women to the study of medicine. This is the school that sets the fashion to other medical colleges. What it says and does, is orthodox; everything else, clear to holy writ and divine inspiration, is not. But what made Harvard adopt this idea? Because it had been successfully adopted by schools that the Harvard school denies the credit of being "scientific." All that is taught and recognised at Harvard came from like sources; was defamed and then adopted; and such is both recognised science and regular medicine every where. The standards of science and orthodoxy do not originate or discover; but first proscribe and ridicule, afterward to receive, denying credit to those who made the innovation. The physicians who hallowed the monument of Morton, as discovering anæsthesia, belied him as a quack.

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THE HOLY CRUSADE AGAINST DISEASE IN MASSACHUSETTS.

THREE petitions to the legislature of Massachusetts, are now in circulation, asking the repeal of the Vaccination Statutes. Dr. Rufus K. Noyes, of Lynn, is the originator. One of the petitions is headed by Wendell Phillips, James N. Buffum and Samuel M. Bulier. Another has on it the names of thirty physicians. Other physicians in Boston, Lynn and other places, declare that they know that vaccination is a sham; but that under the reign of terror which has been instituted, and the general alarm which has been assiduously promoted, the signing of the petition would injure their business. One doctor so declaring, wrote a communication for a local paper, two days afterward, eulogising Jenner and vaccination. One signer, Jacob W. Porter asserts that one of his sons died from vaccination, and another was made a physical wreck. The physicians add their testimony to the same purpose. Its petitioners ask to be heard before a committee.

THE BAND PRIZES?

DR. CHARLES Band of Crete, Nebraska, authorise the selection of two subjects for competition at the next meeting of the National Eclectic Medical Association, for which he offers prizes. The Committee have accordingly made choice of *Zymosis* and *Anæmia*. The award of fifty dollars will be made to the best paper on each topic, provided of sufficient merit, but the Committee reserve the right to divide the sum in case any two on the same topic appear to be deserving. All papers should be transmitted to the Secretary of the Natioual Association, with the name enclose l in an envelope. We had inadvertently stated that there would be three subjects; but reference to the conditions of the offer show the error.—A.W.

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EXPERT TESTIMONY IN THE GUITEAU TRIAL.

THE profession in New York are thoroughly disgusted with the expert testimony in the Guiteau trial. That asylum superintendents should say under oath that moral insanity does not exist, and that there is no such thing as hereditary insanity, while the cross-examining counsel compelled them to read their contrary opinion as expressed in their published reports, was alone sufficient to throw a glaring light on the integrity and scientific pretensions of the asylum coterie. That another expert for the prosecution based his diagnosis of insanity on the state of the skin, while still another stated that all insanity began with failure of the memory, called for the contempt of even the laity. But the acme was reached by one "expert" witness who had not examined Guiteau, who stated that he had not visited an asylum, who could recollect only two cases of insanity that he had seen, and who confessed that the questions and the answers he was to give to them had been carefully gone over with him by the prosecuting counsel. This witness's testimony has been reprinted, by whom can be readily conjectured, and is extensively circulated as an advertising pamphlet in New York. Of course the doctor publishes only the direct testimony, and omits the results of the cross-examination. —*Chicago Medical Review.*

THE entire population of the earth is estimated by a German savant at 1,455,000,000. The annual increase he calculates at 16,000,000, and the total increase since the downfall of the Roman Empire at about 700,000,000. If all the habitable countries of the globe were as thickly populated as, England, Belgium, India or China, there would be room enough for 10,000,000,000 of people—a figure which may possibly be reached in hundreds of centuries. According to these statistics we are now only standing at the beginning of a long era of development, and it would be futile to talk of the approaching end of the world.

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MISCELLANY.

Treatment of Gonorrhea.—Dr. Morris, of Kentucky, in the *Medical Herald* says: Early after I graduated, I was disappointed in the treatment of this disease, both by astringent injections and the internal adminstration of remedies; and, as I had a large number of cases coming to me, I made an effort to secure a treatment giving more satisfactory results. In my series of experiments, I purchased a "Bartholow's Catheter," an instrument with an olive bulb on the point, and holes in the shoulder of the bulb—the point not being pierced. The tube being the size of a No. 6 catheter, the bulb being much larger, prevented an forward flow of the injected fluid, and caused it to flow backward and outward. I attached this to a good "pump syringe," by rubber tubing, and the next case I treated gratuitously, for the privilege of using my new machine. After throwing in about a gallon of cold water, I took a small penis syringe, and gave an injection of sulphate of zinc, as thorough as possible, and told my patient to call again next day. I saw no more of him for a month, and then "blew him up" for not coming around and taking more of the treatment, He replied, that as it cured him, he thought there was no use, and never thought any more about it. Holding the theory of the limitation of the disease, as given by Bumstead and other authorities, I had no faith in the result of this case, and determined to give it a further test. I reached the following result, astonishing, as it may appear. Out of twenty-five cases, twenty-two cases were entirely well twenty-four hours after treatment. No treatment of any kind was given, other than washing out the urethra, and the sulphate of zinc injection first and once only given. One was well in three days, one in seven days, and the other a drinking man who kept up his whoring all the time, was cured in two weeks. After this, in fifteen cases, the result was not so satisfactory, but much more so than with the old treatment.—*So. Med. Record.*

Professor Forbes and Dr. Young have determined by a number of experiments that the speed of a blue ray of light exceeds that of the red by about one per cent.

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Treatment of Hydrocele and Serous Cysts in General by the Injection of Carbolic Acid—Dr. Levis states that he has been experimenting, with a view of determining what substance may best secure the obliteration of the secreting surface and the adhesion of the walls of the cyst with the most certainty and the greatest freedom from suffering and danger. Having selected carbolic acid as an agent which would provoke simply a plastic inflammation, he injected one drachm of the deliquesced crystals into the sac of a large hydrocele. The new procedure was entirely painless. A sense of numbness alone was experienced and no inconvenience was felt, until on the next day the desired inflammatory process was developed. A nine years' hospital and private experience leads the author to believe that this method is the most satisfactory for the object. For the purpose of injection, crystalized carbolic acid is maintained in a liquefied state by a five or ten per cent. solution of either water or glycerine; the crystals are to be reduced to the fluid state with no more dilution than may be necessary for this. After the usual tapping he injects the liquefied crystals with a syringe having a nozzle sufficiently slender and long enough to reach entirely through the canula. He has never been able to detect any general toxic effects upon the system, but believes that the action of strong carbolic acid on surfaces secreting albuminous fluids is to seal them, to shut them off from the system in such a manner that absorption cannot readily take place. The occluding influence of strong carbolic acid he regards as an important surgical resource in certain cases of compound fracture, destructively lacerated wounds and ulcerating surfaces, where septic infection is inevitable. All forms of serous cysts which are usually subjected to any form of operative treatment, on the principle of producing plastic adhesion on their walls, may be deemed amenable to the treatment indicated.—*Medical Record.*

Subacute Atonic Dyspepsia—The preparation I have found to answer a most admirable purpose in such instances is neither strictly a food nor a medicine, but a sort of nondescript, betwixt and between. I allude to maltine, pepsin and pancreatine. As is well-known, it is the half-way digested albuminoids and saccharine elements of wheat, barley and oats. Largely abounding in diastase and charged with

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the elements needful for carrying on the digestive process, all that is needed to complete the gastric process on a small quantity of appropriate food is heat and the vermicular action of the stomach.

On more than one occasion have I noted, during the past few years, the invaluable properties of the above preparation, after all other resources had failed. For the debility succeeding the acute diseases of those whose stomachs are inherently weak, or for the irritable and weak state which the long-continued administration of medicines for some other disorder oftentimes engenders in the digestive organs, for the failure of energetic action during exhausting processes—as lactation, or large suppurative discharges, as well as for the gastric feebleness often attendant on tuberculosis, peptic maltine fills a place that no other preparation does, and in a truly satisfactory manner. It is altogether constructive; it is bland, even more so to the stomach than any food, it is not nauseating.—J. R Black, M.D., in *Cincinnati Lancet and Clinic.*

Treatment of Comedones—The black points, fleshworms or comedones, which are found in the face, and especially near the nostrils, are not at all produced by the accumulation of the particles of dirt or dust, as has generally been believed, but by pigmentary matter which is soluble in acids. It is known, in fact, that black comedones which accompany acne often appear not only on persons exposed to dust or rather careless of their person, but also on chlorotic young girls who live in good circumstances. Besides, observation shows that the discoloration not only exists on the surface of old comedones, but descends always to the lower parts. Accepting this fact, Unna has used, successfully, acids in the treatment of comedones. He generally prescribes:

℞.

Kaolin, 4 parts.
Glycerine, 3 parts.
Acetic acid, 2 parts.

with or without the addition of a small quantity of some ethereal oil. With this pomade he covers the parts affected in the evening, and if need be during the day. After several days all the comedones can be easily expressed, most of them even come out by washing the

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parts with pumice-stone soap. The same results can be obtained by bandaging the parts affected for a long time with vinegar, lemon juice or diluted hydrochloric acid.

The author concludes by saying that the acids act like cosmetics, as they transform the black color into a brown and yellow shade, and destroy it gradually altogether; they produce a quicker desquamation of the horny bed which interrupts the exit of the comedones and brings to the surface the glandular openings.—Dr. Unna, of Hamburg, in *Archives de Virchow.*

The Mosquito as a Carrier of Disease,—A correspondent inquires whether there is "anything in the newspaper statement that mosquitoes are the agents for introducing dangerous parasites into the human blood." We are pained to be obliged to say that there is good ground for this addition to the disreputable "record" of the insect. The discovery was made a year or so ago—we cannot give the exact date—and has since been fully confirmed by further investigation. Dr. Meisoner, of Leipsic, in a German medical magazine, has lately summed up what is known of the parasitic infection of the blood, and the following is an abstract from what he says of the *filiaria sanguinis hominis*:—This parasite has been very thoroughly studied by Manson, of Amoy, China, and Bancroft, of Brisbane, Australia. The filiaria, while it may at times be present in the blood without giving rise to any symptoms, at other times appears beyond question to be the cause of chyluria, elephantiasis, etc. The mode of its action would seem purely mechanical, The parasite in the blood or lymph-channels and its accumulations at a given point gives rise to lymphorrhagia or inflammation. Two curious facts have recently come to light regarding this parasite. One is that the mosquito acts as a carrier; sucking the filiaria with the blood of an affected person, it afterward deposits the ova and embryos, which have meantime hatched, in the water when it lays its own eggs. These embryos are then swallowed in the drinking-water by another victim; and so the circle of disease is completed. Another and very curious fact regarding the filiaria was lately discovered; this is that it is a nocturnal parasite. During the day the filiariæ lie dormant at some point in the victim's circulation, but at night they sally forth and rove the currents of the blood the night long.—*Boston Journal of Chemistry.*

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Ergot in the Treatment of Ulcers of the Leg.—After narrating nine case of ulcers of the leg of large dimensions (*Cincinnati Lancet and Clinic*), Dr. Meyerhoff recommends the subcutaneous injection of fluid extract of ergot as a method of relieving the troublesome affection. The injection of about five drops was practiced every second or third day near the margin of the ulcer, in the midst of the enlarged veins and infiltrated tissues. The ulcers themselves were covered with a two per cent. lotion of carbolic acid, and the extremity enclosed in a flannel bandage. Eight injections were the largest number required in any case. The operation was followed by considerable pain, lasting from two to eight hours, but abscesses and other evil effects were never observed. Atrophy of the dilated veins ensued in all the cases, and a rapid and, so far as known, permanent cure resulted in every instance.—(*Ded. Wochensch.*) *The American Practitioner*, August, 1881.

Therapeutics of Anemia.—In his Gulstonian Lectures opon Anemia, Dr. Sidney Copeland showed that iron acted with great rapidity in enriching the blood with corpuscles. He has found arsenic in some instances more efficacious than iron, and as a hemantinic ranks it next to that metal. Phosphorus has been given with benefit to a case of idiopathic anemia. Quinia, strychnia, and the mineral acids were of value as aids to iron. Manganese is a dead failure. Oxygen increase appetite and assimilation, but is not hematinic directly. Transfusion, as a last resort, must be used in pernicious anemia before the patient is very far gone. He thought well of the use of defibrinated blood by the rectum systematically.—*Louisville Medical News.*

Skin Grafting.—Dr. Berger, (*British Medical Journal*, November 5th, 1881), advocates a method of exciting the vascularisation of the flap before cutting it, by covering the skin either with a mustard plaster, or with warm poultices. He claims marked succces from this method.

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EAR AFFECTION IN CHILDHOOD FROM DENTITION OR A CARIOUS TOOTH.—A considerable portion of the blood supply of the membrane of the drum is derived from an artery that leaves the internal carotid in the carotid canal and proceeds by a very short course directly to its destination. Being thus closely connected with a large arterial trunk, this small tympanal branch of the internal carotid possesses very favorable circumstances for a speedy augmentation of its blood supply. The nervi-vasorum constituting the carotid plexus at this part of its course comes largely from the otic ganglion. On the other hand, the inferior dental nerve supplying the decayed tooth, or the gums, as the case may be, also communicates with this ganglion. We thus arrive at a direct channel of nerve coummunication between the source of irritation of the tooth, and the vascular supply of the drum-head.—*Cinn. Medical News.*

NEW PUBLICATIONS.

NERVOUS DISEASES*

This little volume is designed to explain and defend the use of so-called Animal Magnetism in the treatment of Nervous Diseases. The author states his views in a concise and pleasing manner, and writes as one having positive convictions as to the truth of what he says.

That there is some power or force possessed by some individuals in a marked degree, by which great benefit is derived by the sick, no honest investigator can deny, and we hope to see more attention given to the subject. For want of a better term, at present, we call it Animal Magnetism, and we have ourselves seen abundant evidence of its value as a therapeutic agent. We hope to see more attention given to this important subject, with the view of arriving at more accurate knowledge regarding it.

*Nervous Diseases and Magnetic Therapeutics. By James E. Briggs, M.D. New York: Published by the author, 126 West 11th Street.

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DISEASES OF THE EYE.*

The volume before us is the last of Wood's Library of Standard Medical Authors for 1881, and is one of the best of the series.

Prof Noyes' reputation as a specialist on diseases of the eye does not suffer by the publication of this work. It is complete in all its parts, and fully meets the requirements of a text-book for the medical student and general practitioner. The treatment of the several diseases, and the various operations on the eye are so carefully described that any one familiar with the anatomy of the parts cannot fail to be instructed.

Messrs. William Wood & Co., deserve the thanks of the profession for the valuable works they have supplied in the Library for 1881, at so small a price to the purchaser. Many of the volumes are the best of the kind known to the profession, while all of them rank fairly among the contributions to the medical literature of the year.

THE ECLECTIC MAGAZINE.

This highly interesting magazine comes to us for February well filled with the choicest selections from the leading English Reviews. "The scientific evidence of Organic Evolution," from the *Fortnightly Review* gives a clear statement of the claims of evolution, that will well repay a careful perusal. The other selections cover a wide range of literary and popular scientific subjects, that cannot but prove interesting and insturctive to the general reader. Every physician should subscribe for this magazine, as one of the best family journals published.

* A Treatise on Diseases of the Eye. By Henry D. Noyes, A,M., M.D. New York: William Wood & Co. 1881.

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The Medical Tribune.

VOL. IV. MARCH, 1882. NO. 3.

VACCINATION IN A SCIENTIFIC VIEW.

AT the last meeting of the National Association, at St. Louis, Mo., a gentleman from Iowa, read a paper commending Vaccination as preventive of small-pox. An animated discussion ensued, showing an absorbing interest among members; but many standing pre-eminent as progressive, and reformers in medicine, appeared to have their eyes closed in regard to the fact. Such a spectacle is a painful one. Can it be that these men are really ignorant of the facts? Or are they overborne by the clamor that has been got up by exciting the people's fear? If they are wilfully ignorant, there is little hope. He who adopts opinions without reason will never be convinced by reasoning.

I too have been so foolish as to suppose that vaccination had some comparative utility. But I can now say with Dr. E. Reich (*Die Ursacher der Krankheiten*, sec. 211): The scales have fallen from my eyes, and I see that the foundation of the Babylonish Tower has been built of blotting paper and set upon loose sand.

The assertion is made in Buch's *Hygiene and Public Health*, Vol. II., page 527, that every year shows the increasing readiness of the lower classes to suffer their children to be vaccinated. This can hardly be

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true. They may have been driven into it by tyrannical statutes and brutal officials, or otherwise coerced. But as rational beings they are more opposed to it than ever before. The question is asked every day; whether vaccination is really necessary in order to prevent children from taking small-pox, or to be admitted into the public institutions of learning? They are more than ever hostile, and resist vaccination all that they are able. Some day, as in many districts of England, these unjustifiable compulsory statutes may become a political test, and so be swept out of existence by an uprising of the people. If vaccinators were held responsible for the death and disease they cause, the business would stop.

It is not because they are ignorant that our poorer population resist vaccination. They have witnessed its ill effects. The very last year, many children in Boston, who were vaccinated, broke out with an ichorous ulceration all over the body. This took place in Kindergartens, and it was explained that the vaccinators were unscrupulous and made use of "doubtful lymph."

My own observations, however, during the last two years, have shown me that the same ill result occurred in cases where the "best" of fresh animal vaccine virus had been used. A child was brought to me a few days ago, having actual syphilitic ulcers on the right arm and shoulder. The parents were healthy, and the child had been perfectly so, till it was vaccinated. This had been done two weeks previous, and with Dr. Martin's "fresh animal lymph."

Able writers and observers declare that a genuine vaccine disease is very similar to syphilis; and Jenner himself asserted that no vaccination was reliable which did not produce erysipelas.

Suppose, however, no such results occur, as I have described, have we any reasonable proof that exemption from variola has been assured? I say, No! Persons who have been vaccinated twice and three times are attacked with small-pox, and sometimes within a short period after their vaccination. Dr. August Theodore Stanim, after having been vaccinated at three different times, with the due effect, was stricken down with malignant small-pox, while engaged at his professional duties. He barely escaped with his life. He now without hesitation denominates vaccination, an idiotic act, and imbecility. See his work, *Die Ausrothing Smoegtichheit der Pocken*, Berlin, 1869. What does all this vociferous noise about vaccination

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teach us in regards to its protection? It only holds up to view an immensely-foolish superstition, which is cherished by medical practitioners.

We find the men who most strenuously uphold vaccination are themselves engaged in selling vaccine virus, or are vaccinators whose business would suffer if this practice should be impaired. They endeavor to make it appear that small-pox epidemics and deaths from the disease, have been lessened by vaccination. They sedulously and purposely overlook and disregard the fact that improvements in sanitary regulations have been the factor; and that other epidemics and not small-pox only, have been greatly diminished. If we were told that by inoculation with miasma or syphilitic virus, we would lessen zymotic disease or syphilis, it would not be more surprising.*

Let us, however, contemplate the subject from a scientific point of view. What do we transmit into the system when we vaccinate? A poisonous ichor, a heterogeneous substance, a poison by means of which, as Dr. F. Becker declares, "the germ of numberless diseases is planted, which destroy so many lives of children, in Germany, and other countries where vaccination is compulsory." (*Anleitung zur naturgemaessen Heilury der Menechen—Blattern Massern Roesthen, Scharlech*, in Cassel, 1865.)

That the child who is vaccinated has a predisposition to other diseases occasioned by it, I will show by the following case, which first called my attention to the matter. E. M., a lad of four years old, perfectly healthy, well-nourished, and never sick, having healthy parents and living in a healthy neighborhood, was vaccinated, May 8th, 1878. I performed the operation and employed fresh cow-lymph which I had obtained from Dr. Martin. It did not take effect and I repeated the operation eight days later, using the same animal lymph. Still no effect was obtained. I counselled the parents not to subject the child to another operation till autumn, as so much vaccine virus in the system would predispose him to other diseases. Indeed, two weeks afterward I was summoned to see the boy, I found him in a high fever, with a rash over his body like measles. This subsided on the third day, and I left the child in the mother's care. Two days

* Dr. Merkel overlooks the fact that certain physicians do actually recommend inoculation with syphilis and diphtheria.

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later, I was called again. The child had a very sore throat; the tonsils on both sides were much enlarged, and covered with diphtheritic membrane, which extended to the fauces and appeared to be rapidly increasing downward. In less than twenty-five hours, it had reached the larynx and trachea. Despite all known remedies and energetic treatment the case proved fatal on the fourth day.

This instance, as well as the many examples collected by Prof. Gunn, in the *Transactions of the National E. M. Association*, Vol. VI. pp. 75-81, and the numerous incidents by Alexander Wilder, in his paper, *Vaccination A Medical Fallary*, is sufficient to justify careful investigation.

WHAT IS VACCINE VIRUS?

I will now comply with the kind invitation of Prof. Gunn, and give a critical, scientific explanation of the nature and character of the vaccine poison. The partisans of vaccination have always carefully and sedulously avoided every thing having the slightest reference to science in this matter. They depend on chances and *bratum fulmen*, with falsified statistics; but show carefully every fair discussion, ever urging editors to exclude from newspapers every argument and evidence adverse to vaccination. More stupendous cowardice and consciousness of wilful wrong-doing are seldom displayed. Dr. Sayre is no exception. Indeed very few of them have any intelligent idea about vaccination, which really is an empirical expedient adopted in utter ignorance.

I propose to give the different ingredients of which vaccine virus, human and animal, is composed; and the form, period and condition in which it appears in the human body. For references I will name the *Real Encyclopœdia*, Vol. VII. pp. 132.

Vaccine Lymph contains: 1st. *Fibrine.* It has white flocks, and threads in the centre, which are considered by Vuelkeas an essential and characteristic of virus still active. 2nd. *White blood-corpuscles*, which in fresh lymph shows amœboid movements and little sharp contourite (furrows) attached; the protoplasm is surrounded with small glittering molecules, which appear granulated. 3d. *Red blood-corpuscles*; these are always observed, even if only in small numbers. Their presence cannot be avoided, even with the greatest care. 4th. Numerous brilliant, glistering, sharp, contourniated or furrowed, greenish light-shining molecules, which are much smaller than the red blood-cor-

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puscles, float independently around or partly adhere to the white blood-corpuscles, or are surrounded by the substance of the corpuscles. Hoppe Seyler remarks: "With regard to the indifferent behavior of those mysterious objects to the solutions of soda and muriatic acid, they must be looked upon as a development-progress of fungi."

In opposition to the accepted opinion, that fungi are the carriers of contagion, is the observed fact that lymph treated with the 1½ per cent. solution of carbolic acid is still active, while lower organisms die in a 1 per cent. solution.

Besides the above-mentioned ingredients, vaccine virus contain other "irregular substances. *Fungi* are present in he form of small round cells, which have molecular movements, and often hang together in chain-like form. This exists even in "lymph" which is comparatively fresh.

Fat-globules, skin, epithelium, leucine-globules and crystals of margarine are found in old and inactive lymph, accompanied with the fermenting process.

The small round cells with molecular movements which are in a state of ferment or zymosis, and which Lothar, Myer, Hoppe Seyler and others regard as *fungi*, are the same organisms that "Cohn" considers as the *Micrococci vaccinæ*, pathogenic globule bacteria. They are 0.5 micromillimetres in diameter, or even less, and appear single or in connected pairs.

These globules or bacteria are found in large numbers in fresh vaccine matter, which is completely pure, and also in virus from small-pox pustules. Weigert states that they are also found in the small ducts of the epidermis in the bodies of persons dying of small-pox

Experience has proved to us that liquid "lymph" when free from these cell-like elements, is inactive. Through the endermatic results and the experiments of Chauveau and Burton Sanderson, the hypothesis has been accepted by many practitioners that the *bacteria-cells are the active elements of vaccine virus.*

Permit me a few remarks in regard to the nature and existence of these minute organisms, which are named by various terms according to their state of devolpment.

Bechamp generally used the designation of *microzymes* to denote the lowest organisms. They are generally found in putrefactive

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fluids and are known to be in all infective fluids. They are minute specks of protoplasm, more or less spheroidal, and not more than one-twenty-thousandth of an inch in diameter.

Dr. John Ross endeavored, when speaking on this subject before the British Association for the Advancement of Science, some years ago, to show that although the microzymes of putrefaction and those of infective fluids are morphologically of the same order, nevertheless they are of different orders physiologically.

Hæckel used the term *bionta* to designate a physiologicaly individual, and divided the *bionta* into three orders: 1st. The "actual bion," which represents the highest developed form of the individual of the species. 2nd. The "potential bion" which includes all the forms of the individual until the highest developed form is attained. 3d. The "partial bion" which represents a portion detached from a higher organism, and has the capacity to maintain an independent existence for some time, but not to become an "actual bion" This would show that microzymes of putrefactive fluids must be either actual or potential bionta; while there is strong evidence to prove that those of infective fluids are merely partial bionta.

If fresh vaccine virus and an infusion of bay a few days old, are compared with each other, it will be observed that the living particles in each are very different from each other. The former do not elongate into staff-shaped bodies, and their motions are semi-rotatory; whereas the others are oscillatory, and form clusters very similar to those of blood-corpuscles.

It is true that if we take the fluids of the body, after death, with some disease, we will sometimes find microzymes in large numbers, which are highly infective. I have also found them present in fluid from cystic tumors. Pus-corpuscles cast off buds from their surface, some of which are not more than a twenty-thousandth of an inch in diameter, and are morphologically very difficult to distinguish from the corpuscles of vaccine virus.

Hæckel remarks that these buds must undoubtedly be regarded as "partial bionta." This renders it possible that the others are of a similar character.

Whether these particles which appear in the blood, pus, lymph or fluids are termed bioplasm (Beale), microzyme (Bechamn), micro-

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cocci bacterium (Klebs, Sanderson, Cohn), bionta (Hæckel), Dyscrasia (Virchow)' or even *pathological bacteria* (Luenssen), this much is known of their existence—no matter what terms are applied to them according to their state of development and the circumstances.

In my next communication, I will confine myself to that class of organisms designated *Micrococci Vaccinæ* or *pathogenic Bacteriæ*.

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LICHEN CIRCUMSCRIPTUS.

This variety of popular affections is named by dermatologists the "Clustered Lichen," and characterized by patches of papulæ, not always regularly circular, but sometimes semi-circular in shape, and bounded by a well-defined edge. Isolated papulæ are observed here and there between the arcs and circles, and are small, solid, itchy elevations, or in other words, minute pimples of the integument, either of a reddish or natural color of the skin, and usually terminating by a scaly desquamation of the epidermis. These isolated papulæ may best be studied in the more common variety of *Lichen Tropicus*, or Prickly Heat, which is the kind more frequently met with during the hottest of our dog-days.

Lichen attacks individuals at every period of life, and those exposed to the heat of a fire, such as cooks, founders and smiths, are more particularly predisposed to it. So are persons of a nervous and irritable temper, and children of bilious habit, liable to have it. A stimulating diet, strong drink, exposure to undue heat—in fact, everything which causes a rise in the temperature of the blood—seem to aggravate the itchiness of this eruption. When it assumes the chronic form it is not so very easily cured, and will often disgust the patient and physician alike. The healing process always takes place from the centre toward the circumference of a group. These patches usually attack the back of the hand, the forearm, ham of the leg and region of the sternum.

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Lichen circumscriptus, is distinguished from *Herpes circinatus* or ringworm, and *Erythema circinatum*, by the character of the eruption. A very marked case treated a number of years ago, will answer for a good illustration in pointing out the result of shot-gun treatment or practice, so successfully carried out by our specialists, who invariably get the best paying patients of our large cities.

Mary M., 23 years of age, an Irish domestic of this city, presented herself for treatment, August 1st, 1869. The eruption, which covered the upper thorax from one axilla to the other, had not spread any further during the previous two months. It first appeared nine or ten months before, and the usual treatment of the "Old-School" family physician had not afforded any relief.

Occasionally she suffered from dizziness and headache, and there was also slight derangement of the digestive system, manifested by sour eructations of flatus after meals; some tenderness and pain in the epigastric region; and bowels regular. The itching of the eruption did not amount to much, and appeared more like that of Prickly Heat about the parts affected. We gave her the following treatment, calculating to keep her busy using and taking the same, with no chance of another doctor stepping in between us and the patient:

℞.

Herb. Scrophulariæ nodosæ,
Cort. Alni serrulatæ, aa..... ℥ii.

Misce et Sig: Put ℥i. to a pint of water, make a decoction and dissolve in it two drams of muriate of ammonia. Dose: A wineglassful an hour before meals.

℞.

Acidi carbolici,..... ℥ii.
Glycerinæ,..... ℥vi.
Aquæ,..... ℥iv.

Misce et Sig.: Apply to affected parts twice a day.

℞.

Pil. Podophyllin Comp. (*Amer. Dispens.*), (gr. ii.) No. X.

Sig.: Take one pill on rising and retiring every fifth day.

℞.

Fl. Ex. Agrimoniæ eupatoriæ,..... ℥i.
Fl. Ex. Populi tremuloidis,..... ℥ss.
Syr. Rhei et Potass. Comp.,..... ℥iiss

Misce et Sig.: Take a teaspoonful an hour after meals.

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The last prescription was given with a view of increasing the action of the kidneys, and giving tone to the stomach.

The patient returned September 30th, very much improved. After the second application of the carbolic lotion the eruption fast disappeared. The headache was a thing of the past, and the appetite good. The lotion was continued for a short time, applying it only every few days, until all traces of the eruption had disappeared.

Another case of the same affection, which came under the observation of the writer, was that of Miss Mary L., aged 20 years, a seamstress of this City. She presented herself, November 8th, 1869, immediately after the first appearance of the eruption. The cluster of *Lichen* occupied a space of the size of a silver half-dollar, on the posterior surface of the left forearm.

Several years before this patient had a low type of bilious fever, and for two years following she suffered from headaches. For the last year amenorrhœa and dysmenorrhœa also occurred, though better of that now. A week ago the eruption broke out, studded with small, pointed elevations, of a very red color, on a not much inflamed base. The affection was circular in shape and had a well-defined areola. It was still spreading. She had headache after ten A. M. daily, and a bloated stomach with distressed feeling in the left hypochondrium. Had a bitter and sour taste in her mouth, especially mornings, although the appetite continued good. The bowels moved once in two or three days.

With a view of studying the effects of different compounds, this patient was put upon a different treatment.

℞.

Syr. Rumicis comp.,..... ℥vi.
Syr. Rhei et Potass. comp.,..... ℥ii.
Potassæ Acetatis,..... ℥i.
Fl. Ex. Podophylli peltati,..... ℥ii.

Misce et Sig.: Take two teaspoonfuls an hour after meals.

November 11th, she returned saying that the affected part itched much, which now showed desquamation of cuticle going on. It was raised above the surrounding skin, and had a well-defined areola. She had not had any headache for two days. The stomach was less distended and the bowels moved every day. Gave her:

℞.

Sol. Calcis Sulphuretti,..... ℥i.

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Sig.: Apply as a lotion, night and morning, having previously washed the parts with soap and water.

The patient returned November 22d, to get more medicine. The eruption was fast disappearing. There was no inflammation left, and desquamation rapidly going on in the parts. Had a headache on that day for the first time in a long while. In two more weeks she was convalescent.

It will be observed, that this case was coaxed along on the double shot-gun style. A kind of doubling up of compounds and come-a-rounds. And by the way, this solution of sulphuretted lime, is an excellent remedy against the itching of *Prurigo*, a disease also belonging to the order of Papulæ. An objection to its use is the bad odor it gives out.

It now becomes necessary to explain why, in the treatment of Lichen, we have had recourse to such complicated prescriptions. Chronic diseases, as a rule, need something more than simple medicine, all the objections notwithstanding. Why even homeopathists will use *Warburg's Tincture*, one of the most complicated conundrums of simples and compounds ever conceived by the fertile brain of mankind. It is employed in fevers, and is composed of thirteen simples and one compound, known as Confectis Damocratis, which is in turn composed of forty-seven simples and another compound, called Trochisci Kyphi, or Troches of Kyphi, a composition of the ancient Egyptians, consisting of fifteen ingredients, according to the older writers. We then have in this celebrated mess, otherwise called Warburg's Tincture, no less than seventy-five ingredients, which has been of late, so much extolled, and is not used by the so-called quacks of our community, but by the pretenders of the Allopathic and Homeopathic School of Medicine.

Eclectics are privileged characters, not bound by a Hippocratic oath, and may use simples or compounds without infringement of their code of ethics, if their judgment so demands it.

The air we breathe, the water we drink, the food we eat, and the most simple plants we use for medicine, each and all, are compounds of nature. There is not a plant in the Materia Medica of the universe, which is not a compound medicine, and nearly every chemical which we use is a combination of some form or another. Simple medicines are one thing, and simple medication quite another.

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Few plants possess a *simple* property, many are commonly blended together in the same plant. So said Prof. Rafinesque, more than fifty years ago. Different parts of a plant have often separate qualities and properties, while incompatible substances are seldom or never found in the same plant. In the Eclectic Materia Medica, all those parts of plants differing much from one another, are recommended to be made into separate tinctures, whereas in the Homeopathic Pharmacopœia, many a plant, possessing different properties, is ordered to be made into one tincture by using all the parts together.

A few examples taken from the Homeopathic Pharmacopœia, will suffice to prove what we say :

Tinct. Ilex opaca (American Holly), is made from the leaves and berries. Tinct. Mancinella (Poisonous Manchineel), is made from the fruit, leaves and bark. Tinct. Viburnum opulus (high cranberry), is made from the berries and bark. Tinct. Viscum album (mistletoe), is made from the leaves and berries. Tinct. Ailanthus glandulosa (Tree of Heaven), is made from the bark and flowers.

While it is true that every part of certain annual plants contain similar properties, there is no reason that we should apply that rule to some of the foregoing shrubs, trees and epiphytes. We might, with as much propriety, add wild cherries to a tincture of the bark of Prunus Virginiana, or Peaches to that made of the flowers or bark of Amygdalus Persica.

Those simplists, or rather simpletons, who, for everything, recommend the use of simples and strongly condemn the employment of even judicious combinations, very much remind us of those philosophers of our day, who so strenuously work in behalf of the perfectibility of mankind, and, as a rule, in everything they undertake are the least perfect themselves. There is a certain school of medicine, which, it is claimed, gives medicine to amuse their patients. We, on the other hand, give remedies calculated to disabuse the minds of our confiding patients, that we entertain a similar mode of practice.

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HOMEOPATHIC PRACTICE.

POTENCIES AND ALTERNATIONS.

A CERTAIN class of homeopathic physicians, claim that any physician who alternates remedies, is not a genuine or scientific homeopathist. Some even go so far as to say the same of any physician, who uses remedies in a lower potency than the 3x. This, I claim, is not only unjust, but false. What is the prerogative by which these physicians set themselves up as absolute umpires of homeopathy? If they choose to give high potencies, it is their right to do so; but they have no right whatever, to impugn others for believing in remedies even as low as the tincture. Suppose they can cure all diseases with a single remedy. They are exceptionally successful, but are no more true or more scientific homeopathists, for all that, than one who uses two remedies. Let the false notion, then, be at once trampled under foot by all men of common sense.

Some believe in high potencies and single remedies. That is their privilege. They should stop right there. They may not run down those who believe differently. These latter ones, indeed, sometimes treat cases successfully that they cannot. The high-potentists plead, as evidence of their superior scientific quality, that more care, and a perfect knowledge of the Materia Medica are needed, in order to select the right remedy. How is it, then, that a low-potentist, and one who alternates remedies, have good success in practice, *and have cured cases that the former could not?* This I know to be a fact. Yet, in the face of all this, the other still cries "high, higher, highest potency, and single remedies." Cry on, my friends; let your energies go forth in that cry, if you choose. I will admit that the efficacy of certain remedies exists only in the high potencies, such as graphitus, sulphur, etc.; their active powers not existing in the low potencies. But with those remedies, where action does exist in the low potency, as well as in the high, you need not be so dogmatic, as to depreciate physicians who choose to cure diseases with them. It *may* be that you cure with those remedies in the high potencies; but bear in mind, that there are a great many physicians who *also* cure with them in the low potencies. These persons are just as true and scientific homeopathists as you.

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Who is a homeopathist? One who follows the law of *similia similibus curantur*. Now that law *does not say* that such and such a potency shall be given. Neither does it say, that only one remedy shall be used in a disease. The practitioner must use common sense; and if it is seen that two remedies will do the work better than one, is it not using a little common sense, to say the least, to do so? Then, again, cases are met with, where it is difficult to decide between two remedies, the symptoms in the cases being so closely similar to those of both remedies. What is to be done? You have your choice: to use common sense and give them in alternation, or run the chances of selecting the right remedy, by giving but one.

I use remedies in very low potencies, also alternate them, and am not ashamed to admit it. Still I claim to be a genuine homeopathist. Common sense teaches me, that I must alternate remedies to the constitution of the patient, and to the disease I have to combat. It also tells me, that it is better to save the patient's life, by using two remedies if need be, and in the tincture if necessary, than to run the risk of losing them, by adhering stubbornly to the notion that I must use but one remedy and that in a high-potency. Still the true and scientific (self-styled) homeopathists will hold up their hands in holy horror at even the bare thought. The reader may think me exaggerating. I am not. A homeopathic physician once said to me, "Doctor, you alternate remedies too much. You will not be a scientific homeopathist if you keep on that way." My reply was: "Scientific or not, I help my patients. That is what I labor for, and not for the sake of being called scientific by others, who have really but little interest in my success."

What do my patients care whether or not I am what is boastfully denominated scientific, as long as they are helped? Accordingly, if I can succeed with one remedy, well and good; but if it takes two, I shall use them. If I can succeed with a high potency, well and good; but if necessary, I will use the tincture. Of course I lose patients. What physician does not? But I know I have saved patients' lives, which I feel sure would not have been the case, had I floated into the high realms of uncountable potencies, or used but one remedy.

I profess to be a scientific homeopathist, if such a term can be applied to a physician, in the face of what some homeopathists may say. Who is a *scientist?* "One who agrees with, or depends on, the rules or principles of science." Now I will ask, whether that deffini-

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tion does not sustain a physician who administers remedies, whose curative powers will bear directly on the disease for which they are indicated? Take for instance, typhoid fever. Baptisia has a special bearing to, and I should give it during the whole of the disease. But I also know, that symptoms may arise, which will not be combated by that remedy. What is to be done? Shall we give up the baptisia, and give alone, a simple remedy called for according to the symptoms, paying no heed to the mischief that the progress of the disease is doing? Is that being a scientific homeopathist? The one-remedy men will say, "Most assuredly;" and would give, or recommend, one day, a remedy indicated by the symptoms, changing the next to another remedy, called for by a change in the symptoms. They are combating the symptoms, it is true, and in *that* respect they may he "scientific." But what about the disease itself, that is going on all this time? That has been forgotten while their attention has been devoted to the symptoms. They may be fortunate in saving the patient, but the risk is very great. Is that "science?" I claim, that the scientific method of treatment, is to give the Baptisia all through the disease, thus combating the disease itself. At the same time, any other symptoms which may arise, can be met by remedies called for by those symptoms, alternating with the Baptisia. The self-styled "scientific homeopathist" instantly says: "No, give but one remedy, even though you lose the patient." Just here, common sense whispers in my ear, "Take my advice and you better the chances of saving your patient." I try to do so every time.

I do not wish to be understood as decrying high potencies. I use them, and sometimes with excellent results. But I do say, that high potencies are inculcated and held up too much, as being the only remedies to cure. Neither do I run down the use of a single remedy in a disease; but I *do* object to being denounced as not a true homeopathist, because I alternate remedies, when I believe it necessary, or when the symptoms are such that it is difficult to choose between two.

Less than twenty-four hours before this article was begun, a homeopathic physician was called to a lady threatened with miscarriage. He left belladonna, 30x, a few drops in water, a teaspoonful to be taken every hour, in case hemorrhage set in *very bad*. Just think of it! How many hours does the reader think that lady would have taken a teaspoonful of the medicine? She might have taken the first,

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but it is doubtful whether she would ever have taken the second, unless some other means were employed to check the hemorrhage. Fortunately it was a false alarm.

When I graduated, it was with the idea that every one was to be cured with remedies of high potency. I furnished myself with a supply, and thought I was well prepared to cope with all manner of diseases. As I now look over my medicines, I can hardly suppress a smile, when I see vials marked *tincture*, occupying the places of those that, but a few years ago, were marked 30x or 200x and even higher.

In conclusion, I will cite two cases that were cured by remedies used in the tincture. I can give more examples if desired :

I. A lady was treated for headaches of several weeks' standing. The characteristic symptoms were : aggravation on lying down, with great dizziness. I prescribed Gelsemium 3x, with but little improvement. Feeling positive that the right remedy had been selected, I dissolved five or seven drops of the tincture in four ounces of water and directed a teaspoonful to be taken every hour. Marked improvement almost immediately set in ; and day by day the remedy was taken at longer intervals. In about a week she was entirely well, and has had no return of the complaint.

II. A lady had chronic cystitis, of over twenty years' standing. I met with no good results after about a week's treatment. At that time I was making her a visit, at which she asked to be excused for her peculiar position, pleading that it was the only way she could get relief. She was sitting in a rocking chair, with her feet on the seat of a common chair, near the edge ; thus being nearly doubled. On inquiring, I learned that she lay in bed with her knees drawn up to the abdomen. I prescribed Colocynth 3x. On calling the next day, I was greeted with the remark : "Why didn't you give me that medicine before, Doctor?" The good results, however, only lasted two or three days. I believed, as in the preceding case, that I was using the right remedy, and so gave it in the tincture in the same manner. Result : in about three weeks she felt "perfectly well." I kept her on the remedy for some time longer, and now she feels "like a new being."

It will be noticed, that in these cases the 3x was first used, with partial results, but the *cures* were achieved with the tincture. A great many self-styled scientific homeopathists will condemn my treat-

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ment as not being genuine and scientific homeopathy. Why? Simply because I didn't follow their ideas, and after failing with the 3x, change immediately to the 200x or 1000x. That may be *their* way of thinking, but it is not *mine;* and I claim to be as true a homeopathist as any of them.

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NEW YORK ETHICS CONFORMING TO NEW YORK PRACTICE.

THE Code of Ethics of the New York State Medical Society, has undergone a recent renewing, to make it fit with the occasion. The world moves, despite doctors, and, indeed, seems to have been in a fair way to leave them behind and out of its history, interred in the antiquated debris of their own exploded notions. Their iron rules were principally notorious for being violated at all convenient opportunities. The late meeting of the Society was characterized, however, by action from a class of men who ventured to echo the popular knowledge : that the old Code contained "many impracticable absurdities," it was weak and not feasible as a rule of action for the government of medical practitioners. Nobody obeyed it where not convenient.

In other words, this Code was little except a device and apology, convenient to employ as a pretext for acts of petty and ungentlemanly discourtesy, the brutal neglect of poor patients, etc., but was never obeyed when self-interest afforded a reason for violating its provisions. A cannon ball shot from the cupola of the City Hall in any direction, would go far beyond where the Code had moral obligation. It was only an excuse for doing what the doctors did not want to do. It served as a pretext for brutal medical bigotry and intolerance.

The leading men at the annual meeting of the State Medical Society acknowledged that the spirit and culture of the times had gone far in advance of the old-school profession. This is not news, but it is amusing that these men are the last to find it out. It was

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asserted that the regulations were constantly disregarded by a large and influential minority of the society, comprising some of its ablest and most prominent members, and that it was impracticable to enforce them without rending the Association asunder by the suspension or expulsion of men whose names stood high in the profession. So far as concerned resort to public advertising, private cards, hand-bills, etc., there was little difference of opinion among the "reputable" members of the profession. Again, as to respected physicians permitting their names to appear as indorsing proprietary medicines, mineral waters, and the like, it was impossible to enforce the rule without offending the moral sense of the average practitioner: but there were many other provisions in the Code that were practically obsolete and altogether out of joint with the spirit and culture of the times. Every body knew this except the doctors.

"What are you going to do about it?" the late Mr. Tweed used to ask, when persons protested to him against his violations of old promises. The late annual meeting was employed on this problem. One party, level-headed, full of common sense, and quite even with the popular sentiment, supported the jndgment put forth in 1876, by Dr. Sims, to cut loose from the Code and let it die. The morality of the great Teacher of the Christian Religion, and the courtesy which gentlemen are always ready to extend to each other, were ample, in their opinion, to govern the relations of medical men.

Such an innovation, however, was too revolutionary. To step from Pagan darkness into the meridian light of Christian liberty and liberality, or even of philosophical justice, was to risk blindness from the dazzle. The operation must be performed gradually, as with the dog's tail. So new sections were cooked up for the purpose of pretending to be strict and giving a pretext for snubbing others.

The proscription of the public newspapers as a medium of disseminating knowledge on professional subjects, is not abrogated. Yet it had been lately ascertained that the public would pass judgment on cases like those of President Garfield, which was not favorable to the mode of treatment, and that in questions of public medicine, or of sanitary science, and in times of epidemics of contagious disease, the public is entitled to the best information that experts can furnish, and physicians cannot properly disregard this claim." It will no more be "regular," though it has been common for many years, to publish so-called

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"interviews"—an invention claimed by the late A. M. Soteldo.

2. "Members of the Medical Society of the State of New York, and of the medical societies in affiliation therewith, may meet in consultation with legally-qualified practitioners of medicine. Emergencies may occur in which all restrictions should, in the judgment of the practitioner, yield to the demands of humanity."

THIS HAS BEEN A LONG TIME COMING.

An old lady in a country village gave her boy a severe castigation, and then sent him to the town-pump for a pitcher of water. Still sore from what had occurred, he met another lad there, who was about to go to sea. Hiding his pitcher under a door-step he went along likewise. After cruising through the South and China seas, and pretty much every ocean, he finally returned home. Stopping at the pump, he recovered his pitcher, washed and filled it, and went on to the house. "Mother," said he, as he opened the door, "here, I have brought you the water." "So I see," answered she, "but you have been gone a good while after it."

It seems to have taken our Old-School neighbors a prodigiously long time to learn that in their vocation, the ethics and regulations of the profession should "yield to the demands of humanity." Some large bodies do move very slowly, none more so than Chinamen and Old-School physicians.

The "able men" it is said, have also learned that the persecution of other schools and practitioners, has contributed no little to the success of those schools in the United States. Generous, right-thinking men possess an instinct for justice, and a sympathy for those who are maligned and abused. The attempt to excommunicate other schools and practitioners, has enlisted the sympathy of the good and intelligent in their behalf, and helped assure their prosperity. The innovators, having now taken this solitary step toward meeting the requirements of the public judgment, are beginning with some haste to predict a "good time coming," when homeopathy shall be extinguished as a special school of practice, and the Old-School practitioners shall adopt "what is valuable in the doctrines of Hahnemann." Very well, it is funny to think of Drs. Fisher and Parker with "little pills," etc. But after all it is chiefly a question of quinine.

The golden age has not quite dawned, however. With all this millennium of homeopathy absorbing the Old-School and both calling

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each other "regular," there is a dark cloud still hanging over their mutual admiration. An old sailor was once very religiously inclined, and when on shore, attended church very punctually. One Sunday, he heard a discourse to the purport that Satan had been bound a thousand years. It was hard for him to contain his joy and exultation at this grand conquest over the Adversary of Souls. He slept little that night. Toward morning, he began to doubt a little. He paid the preacher an early visit to make sure of the matter. The latter gave him unqualified proofs from the Bible, and for a few moments his mind was at ease. On a sudden he asked:

"How long may the cable be that holds him?"

"It extends clear round the world," replied the preacher.

"Oh!" exclaimed the old sailor in horror, "the lubber may as well be loose."

The one concession has been wrested from the dominant medical school by the culture and civilization of the age. Whoever ventures to believe that it will usher in any special reign of saints, will have things to learn. Melancholy experience, will soon show him that "the lubber" is virtually as loose and rampant as though he had a Tartarus and torture-chamber at command. The barbarous pock-ulcer still defaces the ethics.

A NEW LOOK AT AN OLD REMEDY.

At a time when our medical journals are over-flowing with new candidates for therapeutic favor, it may not be amiss to take note of the potentiality of one of our older indigenous remedies; one which has, indeed, been much abused by improper use and excessive dosage, but which, nevertheless, is worthy of the most scrutinizing study of its especial and individual characteristics.

Who, that has spent during the later spring, even a few days in any country place where there are rich woodlands, has not been charmed by the wax-like flower of the mandrake—fit emblem of purity. This little perennial herb, hardly a foot high, rejoicing in

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moist rich soil, and growing plentifully in all parts of our Middle and Western States, is the most interesting member of the natural order Berberidaceæ. The rhizoma is the part used in medicine, but the leaves, seed, and fruit are all slightly laxative and diuretic, the latter having somewhat the flavor of a strawberry. It received its proper name, podophyllum peltatum, from the long firm foot-stalks which support the leaves; and from its drastic qualities it has become a familiar word in all households where biliousness is a recognized factor and consequent of artificial living.

As to its chemical constituents, Mayer determined that it contains an alkaloid common to all plants of this natural order, *berberin*, and two resins, both soluble in alcohol, one insoluble in ether. One of these resins is really a compound of five distinct substances, and represents the emetic and drastic properties of the drug; the other is diuretic and diaphoretic; the alkaloid, tonic and alterative.

None of our indigenous remedies have been more thoroughly studied. Four notable sets of experiments have been performed on animals with it. Dr. Anstie thus codifies his experiments on dogs, cats and rats:

Podophyllin when injected into the peritoneal cavity has no irritant action upon the serous membranes. It passes into the blood and exercises an irritant influence upon the mucous membrane of the intestines, especially the small intestines As a secondary result of this irritation, or perhaps as a mere consequence of the squeezing of the gall bladder by the abdominal muscles in repeated efforts at defecation, bile is occasionally poured out in large quantities, but this is by no means necessary. Neither poisonous doses, nor those which possess what may be called a medicinal effect, appear capable of exciting any imflammatory process in the liver. For all these reasons, it appears pretty certain that podophyllin, in the animals above mentioned, does not act directly on the liver; and that the catharsis produced is due to increased secretion from the intestine, consequent on the specific irritation of its mucous membrane.—*Med. Times and Gazette*, 1863, I. 488.

Unfortunately Dr. Anstie usually neglects to mention the character of the stools developed in his experiments with this drug. In one experiment he says that they consisted of glairy mucus, and in two other experiments, that they were highly-colored with what looked like bile. In many of the experiments the stools were bloody, the animals suffered intense pain and became rapidly exhausted. The

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post-mortem showed that the œsophagus was unaffected, but that the stomach was slightly congested, for which the experimentor accounts by referring to the violence of emesis. The small intestines, especially the lower part of the duodenum, were greatly inflamed, and in some instances extensive ulcerations were found in the lower third of the duodenum. The contents of the intestines were liquid. The colon and rectum were but slightly inflamed. In all cases respiration ceased before the heart stopped.

The results of the investigations instituted by the Edinburgh committee are thus stated by their reporter:

Doses of podophyllin, varying from two to eight grains, when given to dogs, diminished the solid constituents of the bile, whether they produce purgation or not. Doses which produced purgation lessened both the solid and fluid constituents.

During an attack of dysentery, both the fluid and solid constituents of the bile are greatly lowered.—JOHN HUGHES BENNETT, in *British Med. Journal*, 1869, I. 420.

Indeed, these investigators found that in non-fasting animals all the reputed cholagogues failed to increase the bile, and that when they purged they actually diminished it.

The next set of experiments were by Röhrig, on fasting curarized animals, with temporary fistulæ leading to the gall-duct, through which the bile was permitted to pass.

His statements led Dr. Rutherford to re-investigate the whole question. Six experiments with podophyllin proved that this substance greatly increases biliary secretion. It was shown that the increased biliary flow could not be ascribed to reflex contraction of the gall-bladder, for this had been previously well nigh emptied by digital compression, nor to reflect spasm of the larger bile-ducts, for the exaggeration of the biliary flow was far too great and too prolonged to be explained in this way.

Thus Drs. Rutherford and Vignal confirm the statements of Röhrig in regard to the influence of these drugs on the secretory function of the biliary cells. They find that podophyllin, baptisin, aloes, croton oil, rhubarb, physostigmin, senna, colchicum, taraxacum, phytolaccin, euonymin, sanguinarin, iridin, and scammony, increase the biliary secretion; that podophyllin, euonymin, phytolaccin, aloes, rhubarb, physostigmin, sanguinarin, iridin, colchicum, and croton oil, are the most powerful biliary excitants; senna and scammony less so; and they all increase the water and the solids of the bile. Dr. Ruther-

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ford's theory of their mode of action is that they do not increase the blood-supply but act as direct stimulants to the hepatic cells.

Drs. Rutherford and Vignal endeavor to reconcile the apparent conflict between the results obtained by them and those of the earlier investigators. The absorption of food, they say, is undoubtedly followed by increased biliary secretion. The purgative probably diminishes the amount of food absorbed, seeing that it tarries a less time in the intestines and this probably over-balances in the course of the day the stimulation of the liver. When such substances as podophyllin are administered, the liver is excited to secrete more bile, and when purgation results, absorption of biliary matter and of food (if digestion is taking place,) from the intestines is probably diminished, and thus by a two-fold operation of increased hepatic action and diminished absorption of biliary matter from the intestine, the blood as it passes through the portal system is probably rendered more pure.

My own belief is that further experimentation will show, that not only is the blood purified in this manner, but that this stimulative action will be found, if continued persistently, to eventuate in congestion, and consequent impairment of the functions of the biliary secretory apparatus.

Dr. Garrod shows that in experiments on the human subject, that while at first the fæces contain an abundance of biliary matter, that subsequently the evacuations caused by it, were of a mucous or watery rather than of a bilious character.

Prof. John King, M. D., of Cincinnati, was the first to call the attention of the profession to this valuable article, in the *New York Philosophical Medical Journal* for July, 1844, page 157.

The original proving of podophyllin on the human subject was made in 1844, by Dr. Williamson, of Philadelphia. Various pathogenetic observations have been made since, and the present state of our knowledge may be stated to be as follows:

Taken in doses of several grains, it causes intense thirst followed in two or three hours by a persistent and depressing nausea, which continues all of that day and most of the next, with vomiting of dark-green bilious matter. Salivation and the accumulation of pharyngeal mucous is an early symptom, with offensive breath and putrid taste; this is followed by dryness of the mouth and throat, deglutition becomes painful, especially when swallowing liquids, the pain

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beginning on the right side of the throat and extending to the left, and reaching upward into the eustachian tubes and post-nasal passages. Once in the stomach it is quickly absorbed. If retained for a half-hour, it will have by that time passed into the blood, and will produce all its characteristic effects, including frequent vomiting, especially worse on going to stool. An hour after eating, the food will be vomited in a putrid state, followed immediately by voracious craving for more. Digestion cannot proceed during the ingestion of podophyllin, or while it is passing through the duodenum. Though vomiting causes voracious appetite, yet this is soon satisfied, except for acids, a strong desire for which speedily develops. The food taken, though diminished in quantity, is poorly digested, and acrid eructatious, burning and nausea, putrid taste and vomiting soon recur. The emesis is prostrating and is often accompanied with severe epigastric pain. This antiperistaltic action continues even after the stomach has been completely emptied, and extending to the duodenum, bile, blood, and even fœces are ejected. The functional activity of the liver is increased, and colic sometimes puts in an appearance. The abdominal disturbance is, however, often unaccompanied with pain. When pain does occur, it begins in the ascending and transverse colon, about three o'clock A. M. This pain is at first attended by coldness, and is relieved by external warmth, aggravated by lying on the back, ameliorated by lying on the left side, or by bending forward. The intestines become distended with gas. This condition is followed by heat with perspiration and a profuse, softened, but otherwise natural evacuation about five or six A. M., followed by a sensation of great emptiness. During the whole of that day there are frequent profuse yellow stools, sometimes of natural consistency, sometimes slimy or watery. Before stool there is nausea, colic, and rumbling in the colon ; during stool, heat and pain in the anus and lumbar region, tormina, and a sensation of inactivity of the rectum ; after stool, cutting pain in the bowels, tenesmus, faintness, with pain in the lumbar region and flushes of heat running up the spine. Large doses—two grains—frequently cause decided increase in the temperature of the skin. Both colic and diarrhœa are characteristicly worse in the morning, and in this respect resemble the physiological effects of aloes and sulphur. The stool of aloes, however, is scanty, slimy, yellow, fœcal, and accompanied with forcible emission of wind, and is preceded by desire so intense that it

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cannot for a moment be delayed. Sulphur gets its victim up equally early but the stool is more natural in quality, brownish in color, generally unaccompanied with flatulence, but with a peculiar odor from which the patient can hardly free himself even with the greatest cleanliness. Podophyllin, on the other hand, is characterized by a very profuse stool, so profuse indeed as to cause surprise, of a putrid odor, yellowish or greenish color, and, at first, of considerable consistence.

This is followed by constipation, fæces hard, dry, and evacuated with difficulty, prolapsus recti, the liver becomes torpid, there is jaundice from retention of the biliary matter in the blood, copious salivation, with putrid taste and breath, dull, heavy soreness in the front brain, with vertigo in the open air.

At first there is profuse urination, followed, subsequently, by diminished secretion and retention, with pain in the region of the kidneys.

While it will act as an escharotic to any mucous tissue with which it may be brought in contact, when taken into the circulation it has no direct action on the mucous membrane of the respiratory and urinary apparatus. Of its power to profoundly irritate, even to ulceration, the mucous membrane of the entire digestive tract, from the mouth to the anus, there can be no doubt.

It does not seem to have any special action on nervous tissue. It does, indeed, produce pains in various parts of the body, but these are all of a myalgic type, and movable in character. Dr. Inman states that all drastic cathartics cause myalgia, cramps, and wasting of muscle.

On certain portions of the glandular system it exerts a notable influence, and little or none on other portions. Those that it affects are the liver, salivary and gastric glands. Those that it does not affect are the thyroid, mammary, mesenteric and lymphatic. The ovaries and testes seem to be affected reflexly.

Its action upon the skin has never been fully investigated. Persons engaged in preparing the resinoid often suffer from a pustular eruption upon the scrotum, and its local application produces similar effects elsewhere. Dissolved in alcohol and applied to the skin it produces active pustulation, which appears first in the form of minute vesicals filled with a serous fluid, which speedily changes to a whitish or yellowish pus. The superficial inflammation is at the same time quite severe. The pustules as a general thing are slow in healing.

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In a subsequent number of the MEDICAL TRIBUNE I will endeavor to presentt he therapeutic deductions which may be drawn from the foregoing physiological and pathological data.

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THE PRE-CANCEROUS STAGE OF CANCER.

THE patient who has just left the theatre is the subject of cancer of the tongue in an advanced stage. As I demonstrated to you, the lpmphatic glands are already enlarged. It is hopeless to think of an operation, and there is nothing before him but death, preceded and produced by a few months of great and continuous suffering. His case, I am sorry to say, is but an example of what is very common. Not a month passes but a case of cancer of the tongue presents itself in this condition. The cases which come whilst the disease is still restricted to the tongue itself are comparatively few; nor does this remark apply only to the tongue. "Too late! Too late!" is the sentence written but too legibly on three-fourths of the cases of external cancer concerning which the operating surgeon is consulted. It is a most lamentable pity that it should be so; and the bitterest reflection of all is, that usually a considerable part of the precious time which has been wasted has been passed under professional observation and illusory treatment. In the present instance, the poor fellow has been three months in a large hospital and a month under private care. I feel free, gentlemen, to speak openly on this matter, because my conscience is clear that I have never failed when opportunity offered, both here and elsewhere, to enforce the doctrine of the local origin of most forms of external or surgical cancer, and the paramount importance of early operation. I have tried every form of phraseology that I could devise, as likely to impress this lesson. Nearly twenty years ago, I spoke to your predecessors in this theatre concerning the "successful cultivation of cancer"; telling them how, if they wished their patients to die miserably of this disease, they could easily bring it about. The suggestion was, that all suspicious sores should be considered to be syphilitic, and treated internally by iodide of potassium, and locally by caustics, until the diagnosis became clear. More recently, I have often explained and enforced the doctrine of a pre-

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cancerous stage of cancer, in the hope that, by its aid, a better comprehension of the importance of adequate and early treatment might be obtained. According to this doctrine, in most cases of cancer of the penis, lip, tongue, skin, etc., there is a stage—often a long one—during which a condition of chronic inflammation only is present, and upon this the concerous process becomes engrafted. I feel quite sure that the fact is so. Phimosis and the consequent balanitis lead to cancer of the penis; the soot-wart becomes cancer of the scrotum; the pipe-sore passes into cancer of the lip; and the syphilitic leucoma of the tongue, which has existed in a quiet state for years, at length, in more advanced life, takes on cancerous growth. The frequency with which old syphilitic sores become cancerous is very remarkable; on the tongue, in particular, cancer is almost always preceded by syphilis, and hence one of the commonest causes of error in diagnosis and procrastination in treatment. The surgeon diagnosis syphilis, the patient admits the charge, and iodide of potassium seems to do good; and thus months are allowed to slip by in a state of fool's paradise. The diagnosis, which was right at first, becomes in the end a fatal blunder, for the disease which was its subject has changed its nature. I repeat that it is not possible to exaggerate the clinical and social importance of this doctrine. A general acceptance of the belief that cancer usually has a pre-cancerous stage, and that this stage is the one in which operations ought to be performed, would save many hundreds of lives every year. It would lead to the excision of all portions of epithelial or epidermic structure which have passed into a suspicious condition. Instead of looking on whilst the fire smouldered, and waiting till it blazed up, we should stamp it out on the first suspicion. What is a man the worse if you have cut away a warty sore on his lip, and, when you come to put sections under the microscope, you find no nested cells? If you have removed a painful, hard-based ulcer of the tongue, and with it perhaps an eighth part of the organ; and, when all is done, and the sore healed, a zealous pathological friend demonstrates to you that the ulcer is not cancerous, need your conscience be troubled? You have operated in the pre-cancerous stage, and you have probably effected a permanent cure of what would soon have become an incurable disease. I do not wish to offer any apology for carelessness, but I have not in this matter any fear of it.—Jonathan Hutchinson, in *Brit. Med. Jour.*

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ANTI-VACCINATION MEETING IN NEW YORK.

A MEETING of the First Anti-Vaccination League of America was held at Steck Hall, New York, February 16, 1882 ; Mr. George H. Jones presiding. The room was densely packed.

Dr. R. A. Gunn was the first speaker, and delivered a prepared address. He set forth that small-pox is a filth-disease, originating rather from improper sanitary conditions, want of proper personal cleanliness, unwholesome state of body, etc., than from direct contagion. To attempt to obviate these by vaccination was preposterous ; and he showed by examples and reasoning, that it always had been and would be unsuccessful. Indeed, vaccination as now practiced, from arm to arm, from "bovine virus," or from the matter obtained by the inoculating of animals with small-pox virus, is not the vaccination taught by Jenner, but precisely what he declared would not protect from small-pox.

Dr. A. Wilder remarked that those opposed to vaccination are estopped from argument on this question, because its advocates haughtily refuse all reasoning, whether from anology or cited evidence. They taunt us as "cranks," adopting for their own diction the slang of the assassin. They deny us the credit of learning and intelligence. They cram the newspapers with interviews, like that of Dr. Sayre, and then these journals, instructed by them, exclude all replies from their columns. It is a general gagging of free utterance, and with it the endeavor to enforce arbitrary regulations. Only their own statistics, which are nowhere honorably kept, and their own experience are allowed any consideration. This sort of work is called in the medical dialect, empiricism—in common words, charlatanry. The National Board of Health—getting $100,000 for it,—the telegraph and newspapers, have diligently created the panic of a small-pox epidemic, but, speaking carefully, there is none ; but rather one of scarlatina. In this city, there are thrice the number of cases of that disease, five or six times the number of measles, and three or four times the instances of diphtheria, and death from them than of small-pox ; and nothing is said. There is no money in them, as in a small-pox panic. Small-pox hasn ever been so mortal as represented ; and now its fatality is enhanced, not diminished, by these quackish devices. The intelligent men of both continents are awakening to this fact.

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Among the prominent men he would name the late Alexander von Humboldt, Prof. F. W. Newman, of Oxford University, Herbert Spencer, etc. In regard to the law of the matter, to open the body of a sound person and infuse into it the poison of a disease, was of the nature of crime. It had no sanction in science, lawful practice, or morality. Dr. Wilder read the following resolutions, which were put to vote and adopted unanimously with much enthusiasm :

Whereas, It has been an established principle of the Common Law, as set forth by distinguished jurists, that no man may be compelled to undergo any surgical operation against his own consent ; and

Whereas, Vaccination has been and still is distrusted as a beneficial operation, and is disapproved by men eminent in science, medical knowledge and surgical skill in both hemispheres ; and

Whereas, There is good and sufficient reason to believe that vaccination is itself a source and factor of disease, deteriorating the health and sometimes destroying the life of individuals by the loathsome diseases which it induces ; and

Whereas, The said practice is a known and notorious empiricism, having no basis whatever in physiological or remedial science, and depends now upon the inducing of panic and unnecessary alarm, and the silencing of the press and private opinion ; and

Whereas, Vaccination, since it has become general, has worked corruption of blood and increase of disease, has really exempted no one from small-pox, but small-pox is more deadly in consequcnce of it, and more to be feared than ever ; Therefore be it

Resolved, That we protest against any and all legislation or other action, making vaccination compulsory, whether in schools, workshops, manufactories, or in the public service.

Resolved, That we respectfully ask the several legislatures of the States of this Union, to repeal and annul every statute, ordinance and regulation, by whatever authority made, within their jurisdiction, respectively, excluding pupils from public schools and institutions if they are not vaccinated ; and that we submit, that if those who are vaccinated are really protected, they can suffer no peril from the presence of the unvaccinated.

Resolved, That no legislation upon this subject can fully meet what the people have the right to demand, except it shall make every individual who performs vaccination, personally liable in penalties and damages, for the deaths, sicknesses and other ill effects which ensue therefrom.

Resolved, That we disclaim the recent circular of the National Sanitary Commissioners, declaring small-pox epidemic, as erroneous

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and improper, in the presence of the fact that other eruptive diseases are several fold more numerous and fatal; and accordingly it is alike detrimental to public prosperity and unworthy of scientific conservators of the public health.

Resolved, That we hereby agree to co-operate with the International Anti-Vaccination Congress, and the various organizations in this country and elsewhere, opposed to compulsory vaccination, for the purpose of publishing and disseminating accurate knowledge upon this subject; and that we will refuse vaccination in our own persons and families, and will oppose and resist in all proper ways, such measures as may be resorted to for enforcing the operation, in the full belief that we are contending for right against wrong, for health against disease, and for life against death, and that scientific learning promulgated by free speech and a manly public press will put a speedy end to the practice against which we are arrayed.

Prof. G. W. Winterburn showed by examples under his own observation, that vaccination had proved useless as averting small-pox, while dangerous diseases had been contracted from it.

Prof. Dobson delivered a forcible address, showing the cruelties attending enforced vaccination in England; citing able physicians who had long been vaccinators and abandoned it, and its emoluments, from principle; and setting forth the vitiousness as well as uselessness of the practice. He made several points which were hard to get over. A child of his had died and another been disabled by being vaccinated.

Dr. Cooley called attention to the fact that animals were slaughtered and their flesh sold, a large percentage of which had tubercles. Virus inoculated from such would transplant consumption.

Another speaker had been in the army of the Potomac, when vaccination had been very general. Many had fearfully inflamed arms and several died. Others afterward took small-pox. He and comrade once spent three hours in a shanty waiting for commissary whiskey, after which they discovered that two children were in the cradle by them with confluent small-pox. The only preventive they employed was a copious draught from the jug; but they escaped all contagion.

Dr. Tuttle introduced a man whose child had died of pyæmia from vaccination; and from whose scrofulous children the Board of Health had carefully preserved the scabs. Others had analogous examples to record.

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The case of Mrs. Du Bar, who had suffered almost to mortal peril from vaccination, was also presented.

After adjournment, a large list of names was added to the membership of the Anti-Vaccination League.

Letters were received from Henry Bergh, Doctors E. M. Ripley, G. H. Merkel, and others, deploring inability to be present, and wishing success to the League. Organizations in Boston and Connecticut were predicted.

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

The next annual meeting of the National Eclectic Medical Association will take place pursuent to order of the Association, at New Haven, Connecticut, beginning on Wednesday, June 21st, 1882, and continuing in session for three days. It will be held at Loomis' Temple, which has the conveniences required for the holding of sections and meetings of Committees. Ample hotel accommodations will be furnished at the New Haven House, on Chapel street, for $2.00 to $3.00 per day.

The Local Committee of Arrangements are Dr. Maurice F. Linquist of New Haven, Dr. S. B. Munn of Waterbury, and Dr. George Andrews, of New Haven. This assures due attention to the wants of members and their wives, and whatever is required on the part of Connecticut Eclectics to make the meeting what it ought to be. Dr. Munn writes the Secretary, "you will see that all is right on our part so far; and we shall do our duty, so as to make it a success."

We have expected and presumed as much.

The new arrangement, by sections, will require attention; and members will do well to prepare themselves with papers, reports of cases, etc., to co-operate with such of these divisions of the Association, as their taste and convenience will admit. It will be a vast improvement over reading papers by title, which are so generally unwritten or transmitted in the expiring moments of the last hour.

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The Sections as arranged by President Latta, are as follows:

A. *Surgery and Anatomy.*—Chairman, ROBERT A. GUNN, M. D., 45 East 22d Street, New York City; Secretary, EDWIN YOUNKIN, M D., 813 North 21st Street, St. Louis, Mo.

B. *Public Hygiene, State Medicine and Medical Jurisprudence.*—Chairman, MILBREY GREEN, M. D., 2,389 Washington Street, Boston, Mass; Secretary, HENRY B. PIPER, M. D., Tyrone, Penn.

C. *Obstetrics and Gynæcology.*—Chairman, JOHN KING, M. D., 213 West 4th Street, Cincinnati, Ohio; Secretary, HENRY K. STRATFORD, M. D., 243 State Street, Chicago, Ill.

D. *Practice of Medicine, Materia Medica and Chemistry,*—Chairman, ALBERT MERRELL, M. D., 63 Locust Street, St. Louis, Mo.; Secretary, G. HERMAN MERKEL, M. D., 322 Shawmut Avenue, Boston, Mass.

E. *Ophthalmology, Otology and Laryngeology.*—Chairman, ROBERT S. NEWTON, M. D., 1 Livingston Place, New York City; Secretary, HENRY OLIN, M. D., 126 State Street, Chicago, Ill.

F. *Physiology and Diseases of the Mind and Nervous System.*—Chairman, J. R. BORLAND, M. D., Franklin, Penn.; Secretary, S. S. BOOTS, M. D., Greenfield, Ind.

G. *Dermatology and Genito-Urinary Diseases.*—Chairman, MILTON JAY, M. D., 513 State Street, Chicago, Ill.; Secretary, CHARLES E. GRISWOLD, M. D., 412 Gold Street, Brooklyn, N. Y.

It will be expected, of course, that each Chairman and Secretary will have a word to say, if not an elaborate discourse; but there is opportunity for others. The various controversies on surgical methods and treatment, the peculiar administration of our State and other Health Boards, the modes of precaution against epidemic, the surgical treatment of President Garfield, the questions of sanity and medical jurisprudence involved, and the somewhat extraordinary expert testimony in the world-famous trial of Guiteau, the new Pharmacopœia, and the endless round of subjects and enquiries in relation to diseases generally, afford volunteer topics enough for every living and earnest thinker of the Association.

The Band Prizes for the best papers on ZYMOSIS, and ANÆMIA, will also call forth effort in that direction.

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The place of meeting is eligible. It is a University town, one of the oldest in New England, and abounding with attractions. Members from the West will hardly object to it; only two meetings have been held East since 1870—one in New York and one in Boston. The one at Washington, ought not to count; no Eastern man had any hand in that, and it is not right to hold them responsible for it in any sense, except that their fidelity to Eclectic principles was there nobly demonstrated. As the tendency now is to "go west," one good meeting East is essential to perfect the nationalism of the Association, as distinguished from any sectional character which a plurality of meetings beyond the Alleghenies might be likely to impress upon it. We are going among Yankees, the people peculiar for a rigid spinal column, but broader in sentiment and more generous in the bestowment of charities, and benefactions to liberal learning, than any other body of the American people. We shall have a good meeting at New Haven, if each member and delegate carries thither his part. The Eclectics of Connecticut will take care for the rest.

EARACHE.

In the course of practice, you will often be called upon to attend a case of earache. This means, pathologically speaking, acute inflammation of the membrana tympani. Now, in such a case, you may quickly subdue the inflammation, relieve the patient from the excruciating pain he is suffering, and save him, perhaps, from subsequent confirmed deafness. The treatment from which such a desirable result may be obtained in similar to that which you will find so beneficial in analagous cases of eye disease, viz., leeches behind the ear, hydrarg. c. creta and belladonna powders, with warm fomentations.—Prof. Wharton Jones, in *London Lancet.*

Note.—For hydrarg. c. creta always substitute podophyllin.—Editors.

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The Mirror.

"I view with misgiving all new aggressions upon private liberty, unless upon a clear and certain proof of necessity."—GLADSTONE.

UNITED STATES MEDICAL COLLEGE ANNUAL COMMENCEMENT.

THE Fourth Annual Commencement of the United States Medical College, will take place at Steinway Hall, on the 8th inst. The address of the evening will be delivered by the Rev. Doctor Newman, and it is unnecessary to predict from this world-renowned divine a treat of eloquence and racy thought, not often surpassed. The College has advanced; each session has been better than the preceding. The institution has achieved position as an educator, and in regard to fidelity and thoroughness, which is not excelled by those older in years, or more extravagant in assumption. It has an idea behind it to realize, and that relates to knowledge, and to no man's aggrandizement.

The Class is unqualifiedly superior. Every true instructor takes pride, and more than pride, in his students; and their welfare is always certain to be a matter of deep interest. None of them who have spent three years of endeavor and probation with us, but have labored well and successfully. They have honored our methods and that is to us no slight gratification. None have been remiss; the examinations show close study and good intellectual habits.

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The Salutatory will be delivered by Miss N. J. Shepard—*la fille de l'Academic*—and the Valadictory, by John F. McCann. The award of the Band Medals will be another feature.

The Alumni Association meets on the 9th. Dr. Millbrey Green will be present and occupy the chair. We also expect the presence of old friends and former students. The Alumni Supper takes place in the evening.

The conclusion of the fourth term is an epoch in our history, to which we hope many in later years will recur with most pleasant recollections, and, we trust, as the opening of honorable careers.

ECLECTICS IN KANSAS.

The Eclectic Medical Association of Kansas, held its Annual Meeting, at Topeka, February 14th and 15th, 1882, and was attended by about one hundred delegates. The following officers were elected: President, Noah Simmons, M.D., of Lawrence; Vice-Presidents, John Milton Welch, of La Cygue, Theodore A. Wright, M.D., of Americus; Secretary, J. A. Munk, M.D., of Topeka; Treasurer, J. A. Martin, M.D., of Topeka. This is a company of strong, first-class men, seldom excelled.

Govenor St. John attended the meeting and delivered an address of welcome, of the most complimentary and gratifying character. Col. A. B. Jetmore also addressed the Association, declaring his approval and cordial sympathy with the Eclectic School. He opposed any medical legislation which did not treat all alike.

Dr. Munk read a paper upon *Reliable Drugs*, and criticised medical colleges for carelessness and gross lack of proper appreciation of the wants of physicians in neglecting to give due attention to this subject.

A salutation was received by telegraph from the Iowa Medical College Faculty, and eighteen students.

A resolution was adopted at the instance of Dr. Munk, appointing a committee to consider the subject of establishing an Eclectic Medical College, at Topeka. Doctors Munk, Pettee and Willhart were appointed.

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Dr. N. Simmons read a paper on Vaccination. He declined to discuss the propriety of it; but declared that it would be denying the evidence of his own senses to say that judicious vaccination does not protect. Under proper restrictions it had proved a blessing. It was a fallacy to suppose virus from a healthy child preferable; it should be dispensed with entirely and bovine alone employed.

Dr. Furber, the orator of Kansas, took issue with the paper. He had a very large clinical experience with small-pox patients; had treated hundreds in various forms and stages of the complaint, and never lost a patient. If called in early, he never suffered a patient to become pitted. There is no necessity to resort to such a loathsome imaginary remedy. Vaccination is a humbug; enforced vaccination a crime.

Dr. T. A. Wright, of Americus, declared vaccination to be one of the relics of barbarism that yet had foot-hold in the world. He cited several cases of vaccination in his own practice, with the most unfortunate results; and then argued the subject from the point now generally evaded and shunned—the historical, philosophical and scientific stand-point. His citations, earnestness and eloquence of speech, are referred to by *The Topeka Commonwealth* as producing a marked impression.

Dr. Munk spoke on the other side; and the debate was further continued.

Papers were read in the evening on *Physician's Colors (?), Remedies Indigenous to Kansas, Turkish Baths, Etc.*

The Association will meet at Topeka, on Tuesday, February 6th, 1883.

KYPHI.

In Dr. Kunze's paper will be found a description of Warburg's Tincture, of which Kyphi, the magic potion and medicine of the priest-physicians of Egypt, is an important constituent. He enumerates its ingredients as fifteen. We hesitate to suffer so serious an omission as one article from such a composition. Its integrity

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must be preserved, else the results might be transposed, though we cannot imagine how. Plutarch informs us that "Kyphi is a kind of composition made up of SIXTEEN ingredients; that is, of honey, wine, raisins, the rush called kyperus, rosin, myrrh, the white thorn of Jerusalem, cicily, mastich, asphalt, belladonna, dock, great juniper, the small juniper, calamus and cardamum. These are not put together slightingly or at random; but the Sacred Scriptures are read to the pharmacists all the time that they are making the compound." There is much more to be said of this divine preparation; for example: Plutarch does not make so much account that sixteen is the square of a square and therefore very perfect and sacred, as that the ingredients being duly collected and cleansed, some by day-time and others at the entrance of the night, have greater sanctity and virtue thereby. Probably this fact renders the compound more serviceable for lichen. We would suggest as a diet for the patient, to accompany the use of the tincture, the peculiar soup prepared after the recipe preserved in the tragedy of Macbeth.

MISCELLANY.

A PRACTICAL METHOD OF PREVENTING THE SPREAD OF INFECTIOUS DISEASES IN HOUSEHOLDS.—Dr. Malcolm McLean, of this city, sends us the following practical method of preventing the spread of infectious diseases:

"For ten years past I have been experimenting with a simple method of quarantining cases of small-pox, scarlatina, diphtheria, measles, etc., and, as I have been able to get positively valuable results, I take the liberty of presenting it, simple as it is, to the profession for their trial. My plan consists simply in *filtering the atmosphere* which surrounds the patient through a carbolized or otherwise disinfectant sheet of muslin, which is closely tacked over the door-frames of the room in which the patient lies. I close all unnecessary doorways by tacking the sheet *all about* the frame, bottom, top, and

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sides. The *one* door which is needed for ingress and egress I protect by tacking a similar sheet across the top, down the whole of the hinge-side of the doorway, and down the lock side as far as within five feet of the floor. This filtering-sheet is made long enough to hang closely to the frame, and fall in folds upon the floor, where it is not tacked. By keeping such a sheet sprinkled with a solution of carbolic acid—I generally use Squibb's two per cent. solution—or other reliable disinfectant fluid, all, or nearly all of the air of the infected room is *filtered* through a tissue which seems to *destroy the infection in its passage.* Moreover, the filter acts by moral effect, for it happens that intruders into the sick-room are very rare; and thus a great danger and prolific source of the disease is practically removed. Indeed, the whole household are reminded that there is a something within to be avoided. Of course the nurse must use care not to allow anything to be removed from the room in a condition to carry the poison without.

After a fair trial of many years, assisted also by several of my brother practitioners (among whom I may mention Drs. I. B. Read, F. A. Smith and J. A. Walther), I am able to state that, in a list of about fifty cases carefully observed, I have succeeded, in all but *two*, in confining the infection or contagion to the patient first attacked. In the two instances of failure I had abundant evidence that the quarantine was grossly neglected.

Dr. F. A. Smith had the kindness to report to me a most interesting test of this method which occurred in his own hands last winter. In an institution which the doctor was attending professionally, a case of well-marked scarlatina broke out in the midst of scores of young children who slept in the ward. The case was removed to the nurse's room, and there quarantined by means of the filter, according to the method described above. The consequence was that not another case occurred in the institution. On other occasions, where the usual modes of isolation were alone adopted, the same institution had been swept with epidemic force. Dr. Smith expressed to me his belief, founded on experience, that, without the method mentioned in the case reported, he would have had scores of cases on his hands in a fortnight.

The simplest way to sprinkle the sheet is to pour the disinfectant solution in a flat dish, and dip a hair-brush in it, and with this throw the liquid over the filter. There are three positive points gained by

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using this method: 1st. The air of the sick-room is not mixed with the air in the rest of the house. 2d. Visitors are much less likely to visit the sick-room. 3d. The air of the sick-room is kept more easily at an even temperature.

In all of my cases I have found it unnecessary to close the ordinary door, the filtering-sheet taking its place."—*The Medical Record.*

Nerve-Stretching in Locomotor Ataxia.—Dr. Davidson reports two cases of this. (*Liverpool Medico-Chirurgical Journal; Medical and Surgical Reporter.*) The first case was thirty-six years of age, who had contracted syphilis sixteen years before. The spinal disease had existed two years, commencing with attacks of bilious vomiting, headache and hazy vision; shooting pains in the legs began twelve months later, and characteristic ataxia set in. The patellar reflex was absent. The pains and gastric attacks continued. Four days after admission, both sciatic nerves were stretched by Mr. Banks, the degree of extension being forty pounds, or about half the breaking weight of the sciatic nerve. The wounds were treated antiseptically. Convalescence was slow. At the end of three weeks, however, there was improvement in co-ordination and a slight return of the patellar reflex. There was no recurrence of the lightning pains and gastric attacks, and at the end of two months the patient could walk fairly well, the patellar reflex being still more evident. The second case was not so successful. The patient was thirty-four years old, and had first experienced shooting pains in the hands and arms about the spring of 1878. Since the beginning of 1879 he had suffered from frequent and severe attacks of vomiting. He was weak and emaciated, unable to walk without assistance, and his movements were characteristically ataxia, the arms being somewhat involved. The operation was performed as in the other case, and he recovered quickly from it, but the ataxia was not improved, However, the arms were better, and the pains and gastric attacks lessened. Dr. Davidson says that this case was more advanced than the other, and claims that the want of success in it "proves little against the treatment doing good in an earlier stage of the disease." However, the existence of possible remissions must be taken into account in such cases.—*Chicago Med. Review.*

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Hope for Sufferers by Heart-Disease.—According to Dr. J. Milner Fothergill, the views of the medical profession as to the prospects for the future of cases of valvular disease of the heart are undergoing very considerable changes, in a direction opposite to the hopelessness with which they have been regarded in the past. Not every murmur which may be heard over the heart is a sign that the patient is destined to a sudden death from the action of the cause that produces the sound, nor is it always evidence of organic cardiac disease. It is a grave symptom, but its importance may be and often is exaggerated. It is only probably produced by deformity in the cardiac valves ; but anæmic, aortic, and, still more, pulmonary murmurs, are now generally recognized. The late Dr. Latham carefully discriminated between grave and comparatively trivial injuries to the mitravalve curtains by endocarditis, and held that there were three divisions of cases of permanent unsoundness of the heart remaining after endocarditis : 1. Cases in which, besides the permanent endocardial murmur, there is no other symptom referable to the heart ; 2. Cases in which, besides the murmur, there is occasional palpitation ; and 3. Cases in which, besides the murmur, there is constant palpitation. The typical cases of the text-books, where there is a series of morbid sequelæ gradually descending more or less swiftly, all belong to the third division. Dr. Fothergill has cases in his own practice of mitral murmurs which have existed for fourteen, sixteen, twenty-seven, and thirty-eight years, without developing any very alarming symptoms, and reports the death, between the writing and publication of his article, of a case of aortal regurgitation—a rapidly fatal form of disease—which had not perceptibly advanced during twenty-five years of excessive activity. He also notices cases of aortic obstruction of fourteen, sixteen, and eleven years, of which the first only has as yet died. In conclusion, he observes that under proper treatment, by which the prospects are profundly affected, and with care, a life of activity is practicable in many cases, provided bodily exertion be avoided, or exercised moderately.—*The Popular Science Monthly.*

Maccaroni makes an excellent variety in the scarcity of vegetables, and should be much better known, and more used by the masses here. It is the staple food of the common people in Italy, indeed of

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most classes. It is made of strongly glutenous wheat flour; hence is flesh-forming, while its starch supplies heat. It may be cooked tender in boiling water, seasoned with salt, and eaten with or without cream sauce, or milk or butter. After boiling it can be put in a pudding dish, with about a quarter of its weight of grated cheese sprinkled over it, and lightly baked. The addition of cheese makes this diet about equal to lean meat as a flesh-former.

Ripe Peas should be more commonly used. A bowl of good pea soup is as satisfying as a hearty dinner on a cold day. To make a gallon of it, wash a pint of peas and soak them over night, then boil in five pints of water, gently simmering three hours or so, until thoroughly soft. With a potato masher rub the soup through a colander or wire sieve. A pound of beef or ham bone may be boiled with the peas. The soup may be seasoned in various ways—with onions, cloves, pepper, sugar, any or all of them, to make them more palatable. Bean soup may be made similarly.

Stewed Carrots are a far more nourishing and economical human food than is generally known, and they should not be mainly left for animals. Scrape the roots, chop into small pieces, and stew in water until very tender. They may be seasoned with flour and butter sauce —all the better with cream added—and in various other ways. Some like them piquant with a dash of Cayenne—*Sanitary News.*

Another Anti-Vaccination League.—We clip the following letter from the New York *Sun*:

Sir: Unless the Anti-Vaccination League, whose proceedings of Thursday night are reported in to-day's Sun, was organized before that meeting, it is not the first Anti-Vaccination League in America. The honor belongs to Port Jervis. As soon as the small-pox developed here last December, an Anti-Vaccination League was organized, having probably twenty odd members. The epidemic here is ended, but it has shown the fallacy of vaccination to the satisfaction of others than members of the League. All who died of small-pox, with the exception of one or two very small children had been vaccinated.

Port Jervis, Feb. 17. T. W. Doty.

We cordially welcome the new organization, and hope it may be the precursor of many more. The Vaccination madness which is now

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passing its crisis, must never be permitted another carnival in the United States, else national degeneracy of blood is inevitable. The *First* Anti-Vaccination League, however, was formed in this city, October 10th, 1879, "to awaken the attention of the public to the evils of vaccination and to its inutility, to put an end to the practice, and to prevent legislation for its enforcement." We rejoice that it is not *last* as well as first. We appeal to our friends in Massachusetts, Connecticut, Pennsylvania, Ohio, Illinois, Kansas, every where, to fall in. It is the battle for health and universal liberty.

Carbolic Acid in Facial Erysipelas.—Dr. Rothe observes (*Betz. Memorabilien*, 1880, No. 9), that, however efficacious the subcutaneous injection of carbolic acid proves in arresting the course of erysipelas, it is not suitable when the face is the part attacked, for not only does it give rise to considerable pain, but induces a swollen and painful condition of the periphery. For some years past he has been in the habit of using the following application :—Acid, carbolic., sp. vini., *aa*, one part, ol. terebinth two parts, tinct. iod., one part, glycerin five parts; pencilling the inflamed skin and its vicinity with it every two hours. No pain or sense of burning is produced, and the skin is usually next day pale and wrinkled. The further progress of the disease is more effectually arrested than by any other remedy, any new patches being rapidly effaced, so that in three or four days the facial erysipelas is usually at an end. The pencilled places should be covered with a very thin layer of wadding. When febrile action is present, the ordinary internal measures must also be resorted to.—*Med. Times and Gaz.*, London, Dec., 1880.

Dr. Tanner's Pedigree.—The Burlington *Hawkeye* after a long search in that unused book, *The New Testament*, in quest of the origin of the world-renowned faster, has succeeded. In the 9th and 10th chapters of Acts of the Apostles it reads that the apostle Peter was a guest at the house of Simon A. Tanner. "Mark, the perfect man," must also have been not afar off.

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Surgery Before and Since the Introduction of the Antiseptic Method Compared.—And if we compare our former with our present results, we find a difference like that between day and night, the feeling of a great victory after long and severe defeat; and never do I feel more solemnly and greatfully inclined to Providence, who has permitted me to live to see this blessed change, than when I make this comparison.

Professor Nussbaum has drawn this comparison between then and now in his clinic in clear traits, and with manly candor; he has shown that for forty years under his own directions as well as under that of his predecessors, among whom was Stromeyer, fatal wound diseases raged, that nearly all patients with complicated fractures died with them, and that even those with the slightest injuries often succumbed to them; that erysipelas and abscess were matters of daily occurrence; that during the latter years hospital gangrene also occurred and attacked the dreadful number of eighty per cent. of all wounds and sores; that he stood helpless and powerless before all these conditions, and that at one step, after the general introduction of the antiseptic method, all this ceased, and instead of that, even after great operations, healing by first intention was introduced as an entirely new result.—*Volkman, Int. Med. Congress*

Bromide of Sodium and Epilepsy.—Dr. Hammond's experience has proved the following to be one of the best plans of treatment for epilepsy: Dissolve eight ounces of bromide of sodium in a quart of water. Of this take a teaspoonful three times a day. After three months add one teaspoonful more to the night dose, and after another three or four months add a teaspoonful to the afternoon dose also. At the expiration of a year do the same with the morning dose, and continue with this for a year or more thereafter. If no symptoms of the disease have meanwhile appeared, then gradually reduce the doses, and at the expiration of the third year stop. The attacks do not usually return after this course of treatment. Ordinarily, however, patients stop the medicine after a month or two, and in such cases the attacks almost invariably return. It is then almost impossible to bring these patients under the influence of the bromides again. The doses will have to be at least doubled, and this may so derange the system as to make it impossible to take the medicine longer.—*Cincinnati Med. News.*

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Lactic Acid in Phthisis.—A. D. Macdonald, M.B., C.M., writes as follows to the *British Medical Journal:*

"I have been struck by the observation that in some cases where there was a strong hereditary predisposition to phthisis, acute rheumatism had supervened early in life, and by the middle age phthisis had not yet appeared. Besides, I understand that in Madras, for example, there is a large proportion of rheumatism to a comparatively smaller proportion of phthisis. May there not then exist some degree of antagonism between these diseases, and is there not in the latter a deficiency of the lactic acid poison of the former? On the 5th of June last I administered 10 minims of lactic acid, thrice a day, to a patient who had a vomica in the apex of the right lung, and the left apex had a deposit of tubercle. On the 11th the patient expressed herself as feeling better, but she complained of rheumatic pains in her joints for about two hours after each dose, and this in the absence of being informed as to any effect to be produced. Another patient to whom I gave the acid, stated that it relieved her cough more than anything else she had taken. Both thought the acid very agreeable as a thirst-quencher."—*Med. Record.*

Apocynum Cannabinum in Anasarca.—Bright's disease is becoming the fashionable disease to study, more especially since Charcot, who sets the fashion for many physicians in the United States, has been paying much attention to it. These studies have been chiefly pathological and symptomatological. However, many independent observers have dealt with it from the therapeutical aspect, and Dr. J. S. Dabney (New Orleans *Medical Journal*) has found, he claims, that apocynum cannabinum is one of the best diuretics and hydrogogue cathartics that can be used in the disease, as it causes not only marked diminution of the anasarca, but also decrease of the albumen and casts. He claims for it certain advantages: 1. A small quantity only is necessary to produce diuresis, emesis or catharsis. 2. It has an agreeable aromatic taste. 3. It has tonic properties. 4. It is harmless, free emesis resulting on an overdose. While many of these claims seem rather strained, still there appears to be but little doubt that the remedy is of much value in ascites, anasarca, and allied conditions.—*Chicago Medical Review.*

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Chloralated Tincture of Iodine.—The tincture of iodine stands foremost in the list of immediate external coagulants and remedies provoking adhesive inflammation in closed cavities. Injections of iodine may bring about a cure by first as well as by second intention. The former takes place when cure results from one injection, as in ascites, hydrocele, etc.; the second, when several injections are necessary, as in atheroma and cold abscesses. Carlo Pavesi (Lo Spallanzi), to further increase the therapeutical powers of the tincture of iodine, adds to it, chloral, which dissolves in it without decomposition. The resulting preparation is miscible with water without precipitation. The proportions of its ingredients are: Iodine (very pure), twenty parts; chloral hydrate, thirty parts; spirits of wine (strength thirty-six), one hundred and forty parts. The solution should be filtered, and kept in an emery-polished bottle. The liquid is of a golden color, soluble in water, and has an odor and taste which indicate its ingredients. The chloralated tincture of iodine, on account of its markedly coagulating albumen, is an excellent hæmostatic, and Dr. Pavesi considers it also very useful as an antiseptic and hypnotic.

Epigastric Pressure in Obstinate Hiccough.—The *Journal des Sciences Medicales de Louvain* relates that M. Deghilage, of Mons, was called to a young lady suffering from very violent hiccough, with spasm of the glottis. The patient had been over an hour in this state, and was unable to articulate a syllable. There was no fever—no sign of heart trouble. The only cause that could be assigned was that the patient had the lower limb chilled a few days previously during her menstrual period. Inhalation of vinegar and Hoffman's anodyne and the application of sinapisms had been tried, without effect. Recalling Rostan's precept for such cases, M. Deghilage applied the palm of the hand to the epigastrium and exercised strong pressure. There was slight amelioration, the movements were less convulsive, and the dyspnœa less intense. A large pad of linen was then applied over the epigastric region and pressed strongly inward by means of a bandage passed around the body. In a very short time complete relief was obtained. The pad was left several hours in position, and when it was removed the symptoms did not return.—*Med. and Surg. Reporter.*

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Dr. Talmage on Cigars.—In one of his lectures Dr. Talmage gave the following bit of personal experience in the use of tobacco: "There are ministers of religion to-day indulging in narcotics, dying by inches, and they do not know what is the matter with them. I might in a word give my own experience. It took ten cigars to make a sermon. I got very nervous. One day I awakened to the outrage I was inflicting upon myself. I was about to change settlements, and a generous wholesale tobacconist in Philadelphia said if I would only come to Philadelphia, he would, all the rest of my life, provide me with cigars free of charge. I said to myself, if in these war times, when cigars are so costly, and my salary is small, I smoke more than I ought, what would I do if I had a gratuitous and illimitable supply? And then and there, twenty years ago, I quit once and forever. It made a new man of me, and though I have since then done as much hard work as any one, I think I have had the best health God ever blessed a man with. A minister of religion can not afford to smoke."

NEW PUBLICATIONS.

ILLUSTRATIONS OF DISSECTIONS.*

We have before us the January and February numbers of Wood's Library of Standard Medical Authors for 1882. They are illustrations of Dissections, in two volumes, embracing a series of original colored plates and drawn from nature, by Mr. Ford, from dissections made by Prof. Ellis. The original plates are life-size and colored to nature. The ones before us are reduced on a uniform scale for an octavo volume, with the colorings of the originals preserved. The two volumes make a valuable addition to our anatomical library and

* Illustrations of Dissections. A series of original colored plates, representing the Dissection of the HumanBody. By Prof. George Viner Ellis and G. H. Ford, Esq. New York: William Wood & Co. 1882.

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must prove of great value to the student of anatomy. The plates are very accurate and the colorings true to life. The plates representing the surgical anatomy of the neck, in volume I. and that of Hernia, in Vol. II. must prove particularly serviceable to the surgeon.

The plates are all well executed lithographs, and the accompanying text is practical and concise.

These volumes alone, are worth the year's subscription to the student of practical anatomy, and we would recommend those of our readers who are not subscribers to this excellent library, to send their names to the publishers at once.

MEMORANDA OF PHYSIOLOGY.*

This little volume is all that could be desired as a pocket remembrancer. The leading questions of physiology are so arranged as to materially aid in freshening the memory of the student who has made himself familiar with this important branch of medical science. To such, we can recommend it, but we caution the student against depending upon such works.

As a rule, students are too apt to adopt the system of cramming for examination, rather than to fully master the various subjects comprised in the medical curriculum. For this reason, we object to placing works of this kind in the hands of students who have not previously studied more complete text-books. By the aid of Dr. Ashley's memoranda, a hurried review of physiology can be made with advantage, but it must not be depended on as a text-book.

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* Memoranda of Physiology. By Henry Ashley, M. D. New York: William Wood & Company. 1882.

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The Medical Tribune.

VOL. IV. APRIL, 1882. NO. 4

*MASKED PNEUMONIA.**

I HAVE selected for your attention this evening, the subject of Pneumonia. Not the pneumonia that you read about, nor the ordinary type that the busy practitioner meets with frequently, and which is very common among children and adults—namely the catarrhal variety—but a certain form of the malady which is principally found in the attacks of the prime of life. As nomenclature in disease is necessary, I think the term "masked pneumonia" will convey some idea of the one under consideration. I use the word advisedly, because the symptoms—the principal symptoms of the familiar type of the disease—are absent in this form. And I wish to say right here, that if any one not very familiar with thoracic diseases expects to find the order of symptoms as laid down in the books, in every case of pneumonia, he will be very much mistaken, and will find out his error only too late, and his mortification bitter indeed, that is, if he be a true physician. My endeavor is, therefore, to bring these obscure cases before you, that we may keep them in mind and do something toward

*Read before the West-Side Medical Society, March 2d, 1882.

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their elucidation. It has been taught, that pain in the chest, following a chill, then fever and cough, are the first true indications of inflammation of the lungs, and that the characteristic sputa known as the rusty-colored, shall also be looked for in the progress of the case. Now these symptoms, I do not deny, are present in the large majority of cases; but we have phases of pneumonia in which there is no pain in the chest, where there has been no previous chill, and where the viscid and rusty expectoration is absent. And these are the cases which attracted me to the subject, that we might enquire further into their history. In this form of the affection, then, we find the lung undergoing the same changes, almost precisely, as in the ordinary type, such as congestion, engorgement, red softening or hepatization, as it is sometimes called, and even the formation of pus. Not, indeed, pus diffused throughout the entire lung, because, I believe, a fatal termination occurs very quickly on the arrival of this stage of the malady; but not so if it is circumscribed, abscess-like, and removed by expectoration, consequently growing less and less until cicatrization takes place in the cavity, and in this way, a perfectly curable lesion. Now, in order that you may appreciate what I wish to convey, and recognize the full force of the argument, permit me, by way of practical illustration, to imagine a case of masked pneumonia: A man in the prime of life is attacked, and the medical attendant is sent for. Now it is always well to observe closely every condition in the sick-room, and so, what to do we find here: a patient with a high fever, a splitting headache and a pallid countenance. Sometimes the headache is absent, but a backache is in its place Well, we proceed to investigate, and we enquire if he has had any chills, the answer will come, no. On further questioning, we will be imformed that he felt uncomfortable, tired-like, for a day or two previous, also, that he has a numbness of his hands particularly, and a creeping feeling in his skin, this latter is connected with his pallid countenance, for where there is internal congestion going on, the capillaries are emptying themselves to help supply it, and gives, I think, that peculiar tingling of the cutis, and further has no complaint to make of any pain in his chest. Now we group these symptoms together, and the first thing that comes into our mind is, probably, that the man has malaria—that glorious disorder that we always take refuge under when we are not sure what is the matter—or else we may ascribe the pain in the back to a simple cold, for all these patients show a

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history of exposure, and conclude that that has given him congestion of the muscles there, and so caused the pain, and coupled with this, considering the fever present, it might confirm the idea that it was something of a rheumatic nature. Now do not think that I am overdrawing the picture when I say such conclusions have taken place, for I have been witness, in consultations, where patients had been treated for these indications, and yet when physical diagnosis was brought to bear in the cases, they were frequently found to be far advanced in pneumonia.

This brings me now to the subject of diagnosis. Seeing nearly all the outward symptoms wanting, our only true aid to a knowledge of the condition will be in auscultation and percussion. Auscultation has been aptly described as an eavesdropping in a place where no one may enter, and if we play well the eavesdropper we shall hear a great deal that will set us on the right track, and certainly enable us to save our patient's life. Before I proceed, I think it necessary to say, that in nearly all this kind of pneumonia the inflammation occupies an interior portion of the lung, and this is important to bear in mind, for when we apply the ear to the chest we shall not hear the pathognomonic life of the first stage, which is termed the crepitant rale or ronchus, for here the disease is deep-seated and the engorged vesicles cannot dilate, and consequently the rale which is dependent upon the expansion of these vesicles cannot be heard, and the healthy structure surrounding and between the ear and the diseased portion, also prevents the crepitation from being audible. But there is one or two points that I rely on for a guide to a true diagnosis. It is this: with your ear to the chest, get your patient to speak, particularly the gutturals, and you will hear the sound intensified, because, where there is inflammation, there also is a certain amount of consolidation and consequently acquires the property of conveying sound more clearly, that is, the sound of the voice. Also ask your patient to take a long breath and cough, he finds he is checked in endeavoring to perform the first operation, and the latter is persistent enough to make his efforts to suppress it quite fruitless for a time. Both these symptoms, when closely observed, show a plain meaning. Why can't he inflate fully his lungs? Because there is obstruction there, for the lung is undergoing changes that forbid inflation, and the cough which you desired for it, does not com

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voluntarily, is persistent for the time, having irritated the inflamed and sensitive tubules.

It is almost impossible in this early stage to get any assistance from percussion, but not so as the disease advances, and will then become valuable as showing us the extent of lung affected. I will not dwell upon the different respiratory murmurs or sounds as the inflammation advances, because they are similar to those which occur in the other varieties of the affection. But there is one point in the history of these cases which is worthy of your notice, it is, that from the 8th to the 11th days, a copious hemorrhagic discharge per rectum takes place. It has done so in thirteen cases that I have seen, and I believe that this hemorrhagic discharge is the accumulation of effused blood and sputa from the lungs, which is probably swallowed and remains until it excites sufficient peristalsis to remove it, and in this way, is one of the principle signs disposed of. Of course in the latter stages of the disease there is no trouble in forming a correct diagnosis, for the hurried breathing, high fever and prostration, are all true indications. In regard to the absence of any feeling of pain, perhaps it comes from the blunted sensibilities of the patient, for this condition is generally present. But this will hardly explain its absence in the early stages, when the faculties are still acute. The prognosis in this form of pneumonia is favorable, if discovered early, because then we may do something to mitigate the destructive action going on. The temperature here is, as it is in most disorders, the guiding star to a true prognosis. And the whole treatment of this, or any form of pneumonia, essentially consists in the best endeavors to keep down the fever, for when it is high, the morbid action does the greatest destruction, and we find the prostration correspondingly great.

The day has gone by when specifics were the treatment, when certain medicines were given explicitly to prevent morbid changes in the tissues and blood—medicines, indeed, which were the destroyers of both. But now, better knowledge prevails, and we combat the disease by meeting the indications, and we provide stimulants for the prostration, and antipyretics for the fever.

John P. Nolan, M. D.

66 Charlton Street, New York City.

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A CASE IN PRACTICE.

On the 19th of December, 1881, I was called to attend professionally, a man, aged 30, who had been attended for three weeks or more by a homeopathic physician, without receiving any apparent benefit.

I learned from the patient and his wife, that he had been able to be up some of the time during the period mentioned above, but was in bed most of the time. I was told that his fever was worse every afternoon, but when I was called, I found my patient with a high continued fever, with slight remissions, pulse 100, temperature 103, restless, with thick yellow-coated tongue, unable to get any sleep, dry parched skin, nausea and diarrhœa, roaring in his ears, with severe pain in stomach and bowels, very anxious and depressed. Treatment: I first recommended a sponge bath (tepid soda water), night and morning. I prescribed:

℞. Tinct. gelsemii (green root).....gtts. xxx.
Tinct. aconiti rad.....gtts. xii.
Tinct. veratri viridi (green root).....℥ ss.
Aquæ ad.....℥ iv.

M

Sig.—One teaspoonful once in two or three hours, according to the effect and the susceptibility of the patient.

The directions were followed to the letter for twenty-four hours, when I saw my patient again, and found the skin dry and harsh, pulse 102, temperature 103.2 and very anxious and restless, with nausea, pain in bowels and stomach, and diarrhœa. The above treatment continued with the addition ten drops each, tinct. nux vomica and baptisia tinctoria (green root), water half a glass; alternate every hour in teaspoonful doses, with the other medicine. This was continued for twenty-four hours, when I made my third visit, and found no improvement.

I now recommended a pack of a sheet wrung out of tepid water and wrapped around the nude person, and a rose-blanket about that; then place in bed covered up well, with a jug filled with boiling water with a damp cloth about it to his feet, and allow to remain there for one or two hours, or until he perspired freely. In about an hour and a half he began to perspire for the first time during his sickness,

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and was allowed to remain in the pack until his hair was wet with perspiration; and as the pack was removed he was wiped off with moderately cold water. But he complained of feeling chilly, and his pulse ran to 105, temperature 103.5. I was surprised, as he complained of feeling as bad as the day I first saw him. As soon as he was out of the pack, his skin was as dry and hot as ever. The sheet that was in immediate contact with his person became so offensive that we were obliged to remove it from the room.

The treatment, so far, had made no change for the better, other than that his tongue cleaned and appeared as natural as in health. He now complained continually of great distress all over, but especially in his chest and bowels, yet there was no soreness or swelling of the bowels, or indication of disease in them but for the diarrhœa and nausea.

I now applied dry cups to his bowels without benefit, also pepper poultices, and turpentine, but without relief. I finely gave full doses (one-fourth grain) of morphia, hoping to check the diarrhœa and procure rest, but failed.

The sixth day I gave the second pack, with no better result than followed the first.

The eighth day I gave full doses gelsemina with teaspoonful doses of glycerine, but failed to give any relief.

I felt convinced that Peyer's Glands and a congested portal circulation were what difficulty in gave my patient such suffering; but how to remove the difficulty, was what gave me great anxiety.

After treating the case nine days, and all I had given seem to be of very little benefit, I made a radical change in the treatment. I gave half a teacup of hot composition tea, every hour. After the third dose, I added one tablespoonful of the compound vinegar tinct. of lobelia, to each dose. After the third dose of the lobelia, he vomited, freely, a large amount of tenacious mucus and green bile, yet was not in the least relieved. I then gave him an injection of a pint of warm composition tea, with four tablespoonsful of molasses added to it, requesting him to retain it as long as possible; he kept it for two hours. Eight hours after he passed the injection, he passed from his bowels, full two quarts of dark clotted blood and feculent matter, without getting any relief.

There was very little soreness of the bowels, and no swelling, but great pain, vomiting and diarrhœa.

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The eleventh day his pulse was 115, temperature 105.3, but very little fever, but he complained feeling as bad as the day I first saw him.

I gave up discouraged, and prescribed as a stimulant and anodyne, one grain of sulph. morphiul, twenty grains carb. ammoniæ, in half a glass of water. Sig.: one teaspoonful once in ten or fifteen minutes, and waited the result. In about two hours he fell into a natural sleep for about twenty minutes, then opened his eyes and died without a struggle.

I have called his complaint Hemorrhagic Malarial Fever. If any one can give a more appropriate name I will accept it.

William Jones, M. D.

Newburg, New York.

*WHY DO YOU OBJECT TO VACCINATION?**

Hundreds upon hundreds of times has this question been put to me in the course of the last twenty years, during which I have ceased to *poison the people*, or taint the blood of their children with an ineradicable malady, whether called scrofula, syphilis, or bovine tubercle. Vaccine virus, not "pure lymph," conveys a disease, to-day, by a compulsory Statute of Queen, Lords, and Commons, that is loathsome, morally, socially and physically, in the nature and extent of its health-destroying agency, as now witnessed in the loss of vigor and strength in so large a proportion of the inhabitants of Liverpool and Lancashire generally.

Vaccination is precisely one of those particular subjects which it is the solemn duty of every man and woman to examine justly for themselves. It is, indeed, a saddening spectacle, if not an appalling feature of the literature of pro-vaccinators, that in proportion as scientific knowledge of life, health, and disease in nations and individuals is more extensive, true, and exact, the more deep become the

* Abstract from an address on Medical Freedom vs. Official Despotism, by William Hitchman, M. D., M. R. C. S., Liverpool, England.

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bigotry of official despots, and their coadjutors of the dominant medical press—everywhere seeking, as they are, to uphold the odious doctrine that compulsory vaccination, or State blood-poisoning, must forever continue an inseparable accompaniment of human progress, or advancing civilization, as well as a fixed article of faith in the stereotyped creeds of the Faculty of Medicine, at home and abroad.

I object to vaccination by force, or fine or imprisonment, because it is an intolerable aggression upon the righteous liberty of every intelligent person in this country, or out of it, to invade the sanctity of home and parents, and compel them to offer their children as a sacrifice on the altar of quacks and quackery, whose alleged preventive of small-pox, whether derived from horse-grease, cow-disease, or human-corruption—the most corrupt of all—not only does not prevent its recurrent outbreak throughout the world, but has, besides, the power to disfigure or destroy its victims from generation to generation. Vaccination, if worthy of respect, would need no compulsion for its acceptance; but, worse still, its own cooked statistics prove it to be an imposture, cheat and pretense, within the pale only of the charlatan, the empiric and the mountebank.

What is the state of the public health in Liverpool and Lancashire in January, 1882? I affirm that now, as for thirty years past, within my own personal experience and observation, vaccination has proved itself a curse rather than a blessing, causing, primarily or secondarly, more death than any other disease of childhood. Rickets, scrofulosis, and tuberculosis, are often but modifications of vaccine syphilis, leading on to softening and other morbid alterations of bones, consequent deformities, of mental and bodily import, in form of diseased enlargements of brain and skull, chronic hydrocephalus, in fact; and terminating in premature death, by means of pulmonary collapse, spasmodic croup, convulsions, eruptions on the skin, together with the exudation of albumen—like matter throughout the substance of the liver, spleen, and lymphatic glands. "Why *do* you object to vaccination?" rings frequently in one's ear, and with this result in my mind.

Why *do* not men think, read, and judge for themselves? As a matter of common sense and common honesty, no reasoner possessed of an impartial spirit, or with a true discernment of catholic logical inquiry, would hesitate to admit, that whatever tends to deteriorate the constitution of healthy solids or liquids, is favorable to the

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formation of hydromic or watery blood; in short, the tubercular products of vaccination, now figuring statistically in the nosological classes of the Registrar-General, as scrofula, tabes mesenterica, phthisis, and hydrocephalus. Consumption consists of the presence of tubercle, not rarely of vaccine or bovine origin, and the destructive suppuration which thereby ensues in the lungs, or in those abdominal glands through which the chyle passes, and by which it is more highly organized before it enters the blood, whilst water in the head results, often simultaneously, from bovine deposits within the skull, on the brain, or its membranes.

"Why *do* you object to vaccination?" Aye, verily, for a thousand and one reasons, scientific, ethical and social; and had I none other it were sufficient to say, in sight of truth and justice, or the religion of humanity, that I have proved for myself, demonstratively, by numerous experiments, that the blood or lymph of a tainted person applied to the wound of a healthy one *is* capable of corrupting his whole system. I protest, therefore, that it is inevitable that all the secretions of sufferers from scrofula, consumption and syphilis, are truly poisonous, and this fact enables you and me to understand how and why compulsory vaccination has become a contaminatory process, formidable or abominable to all concerned. Not only do skin-diseases, coughs, diarrhœa, head symptoms, and other disturbances follow vaccination ordinarily, but pro-vaccinators convey the venereal poison from *unseen* sores of syphilitic children to those that are perfectly healthy, by daily taking "vaccine lymph" from the arm of one, and inserting it in the arm of the other, unconsciously. And even this calamity, alas, does not complete the tragedy. The newly-tainted child dies, when a few months old, of constitutional syphilis.

When sucking its pabulum from the unfortunate mother, it infects *her* system, through the nipples, and she, too, dies a miserable death, sooner or later, from the most loathsome malady with which humanity is afflicted; for, compared with vaccine syphilis, now made compulsory, directly or indirectly, small-pox itself, a remote contingency, that possibly may never happen at all, especially to those who appreciate good sanitary conditions, and lead wise and virtuous lives, small-pox, I repeat, when compared with constitutional syphilis, as propagated by vaccination, is like the sweetest and loveliest blossom, that was ever washed with morning dew, or embalmed in the tears of the faintest rose?

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State-quackery attacks, by preference, the young and newly born; neither purity nor innocence is defended from its wholesale, indiscriminate, corrupting influence; the strength of youth it often reduces to weakness; the healthy blood of the blooming virgin it converts to contagious poison; *it blights the infant in the womb;* its protean form eludes detection by experienced eyes, and contaminates the very milk, as you have seen, drawn by the child from its mother's breast.

These are the conclusions of scientific men, whose knowledge and experience of vaccination qualify them beyond interested *ex-officio* advocates, to judge rightly of both sides of this national question. And so awful hopeless becomes the physical and moral welfare of the coming race, if you do not rise in rebellion of heart and soul against the eternal procession of future generations of human beings through the same circle of sin and suffering, that it is calculated to destroy the faith of Liberals even in a "Liberal Government," and make us henceforth sink into a vortex of a desolate and paralyzing skepticism, and no longer believe that England will ever be in harmony with those free and holy institutions that are alone compatible with the character and enlightenment of an advancing people.

CONSTIPATION IN CHILDREN.

If there is reason to suspect the presence of a mechanical obstacle which prevents normal defecation, a careful examination should be made, in order to discover, if possible, its nature and location. Often it is of such a nature that it cannot be removed, but its constipating effects may sometimes be, in a measure, obviated.

It is important to obtain a daily alvine evacuation at a certain hour, and, by establishing the habit, the need will usually be experienced when that hour arrives each day.

The nature of the diet is obviously important, as certain kinds of food are more laxative than others Chicken-tea, and, to a certain extent, beef and mutton tea are laxative, and, made plainly, are therefore useful in connection with other articles. The various kinds of berries and fruits have also a decidedly stimulating effect on the

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intestinal surface, and aid in removing constipation. The apple scraped or baked, or apple sauce, may be given to quite young children; and for those that are older, currants, cherries, and, among dried fruits, prunes and figs are laxative. Unfermented cider, in its season, which has been found so useful for adults, may also be given to children in moderate quantity, at least to those who have reached the age of two or three years.

Glucose, given in considerable quantity, is laxative, and I have found it necessary to give the glucose preparation sparingly, or not at all, during the hot months, when infants are so prone to diarrhœa. But this laxative effect renders the glucose preparations of the shops very useful in the treatment of habitual constipation of infants, whether we employ the "maltose" or "granulated sugar of malt," or the preparations of Liebig's food. Of four constipated infants in the New York Infant Asylum, to whom Horlick's "sugar of malt" was given, three were relieved. Any of the glucose preparations can be given quite freely to a constipated infant, without impairing the digestive function, or producing other ill effects, so long as no more than the normal evacuations are produced.

Oat-meal is more laxative than most other kinds of amylaceous food. Made into a gruel and then strained, and it may be given to the nursing infant, and unstrained to those who are older. Bread or pudding from coarsely-ground or unbolted flour or meal, and vegetables which contain saline and fibrous substances, have a stimulating and laxative effect on the surface of the intestines, and, therefore, are useful for constipated children of the age of two or three years and upward.

There can be no doubt that the free use of water in the ingesta materially aids in relieving costiveness.

The simple expedient of allowing a liberal use of water, so useful in adult cases, doubtless also has a laxative effect in children, and its judicious use is proper for them. Another important aid in overcoming habitual constipation, is frequent kneading of the abdomen.

Cold water bathing, the sudden application of a cloth wrung out of cold water to the abdomen, and in certain obstinate cases even the douche may be used to stimulate the muscular coat of the intestines, and the abdominal muscles, to greater activity.

Therapeutic Measures.—For temporary constipation, and many cases that are habitual, enemata should be employed, since they

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promptly unload that portion of the intestines in which feculent matter is ordinarily retained, while they do not impair the appetite or produce the prostration which so often results from purgatives.

For infants, a clyster of one or two ounces usually suffices, administered by a gutta percha or glass syringe.

Suppositories may sometimes be usefully employed in place of enemata; cocoanut butter, molasses candy, or soap, cut in shape of a pencil, may be used for this purpose.

Those who have employed the galvanic current speak favorably of its use.

The ordinary purgatives should not be given habitually to relieve a constipated habit. One or two doses for present relief, both in habitual or temporary constipation, is sometimes required, provided that an injection is for any reason not preferred. For this purpose, castor oil or a few grains of calomel mixed with syrup of rhubarb, the syrup of senna, or the compound liquorice-powder of the German Pharm., may be administered with advantage.

Belladonna has not seemed to me to have any decided purgative effect. On the other hand, nux vomica and its active principle, strychnia, are doubtless valuable abjuncts to purgative mixtures from their effect in increasing the action of muscular fibres. Physicians are not infrequently at a loss what to prescribe for the habitual constipation of nursing infants. I am in the habit of giving oil, sugar, and salts in the following formula, and usually with the desired laxative effect:

℞ Ol. morrhuæ..... .....2 parts.
Aq. calcis.....
Syr. calcis lactophos aa.....2 part.

One-quarter, one-third, or one-half teaspoonful may be given with each nursing, or a larger quantity, as a teaspoonful or more, three times daily. Breast-milk with this addition becomes more nearly like colostrum in its laxative properties, while it does not possess those properties of colostrum which disturb the digestive process. I know no agent of a medicinal nature, which meets the indication so well as this for infantile constipation. But in my practice I have found it necessary, in not a few instances, to rely mainly on simple enemata for the relief of the constipated habit, till the infant reached the age when a mixed diet was proper.—J. Lewis Smith, M. D., in *American Journal of Obstetrics*

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IS "CONGESTION OF THE BRAIN" A CORRECT PATHOLOGICAL EXPRESSION?

In the course of his Croonian lectures on the influence of the circulation on the nervous system, delivered last spring before the Royal College of Physicians of London, Dr. Walter Moxon answers the question very emphatically in the negative. After a very instructive analysis of the various anatomical, physical, and physiological elements involved in the subject, Dr. Moxon continues as follows:

"Can you in any individual case prove by post-mortem appearances that death was caused by congestion of the brain, or even that a state of congestion of the brain or over-fullness of its blood-vessels preceded death? I believe these questions must be answered firmly in the negative. In establishing such a negative, one has to meet with a very strong prejudice, rooted in most tenacious grounds—the grounds of convenience and of ancient and universal acceptance. After examining a body dead from brain-symptoms, when all you are able to see in your examination is only that the veins are very full of blood, it is very convenient to be able to say that death was caused by congestion of the brain, and it sounds much better for a skilled witness than to say that death was caused by insensibility; so that the doctrine of congestion of the brain is convenient, and the universality of its acceptance may be illustrated by the naive earnestness with which authors of great works adopt it. * * * We find writers giving four conditions as showing congestion. The first is the swollen state of the brain, so that it seems after removal from the calvaria almost too large for the cavity which contained it. The dura mater seems tightly stretched over it, and, on reflecting this, the convolutions appear broad and flattened, and the sulci less obvious. No allusion is made here to hypertrophy of the brain, which is known only, so authors say, by its causing a general enlargement of the whole organ. I have never seen such hypertrophy, but the flattening described has very frequently come under my observation, but always in the presence of some obvious cause of expansion of the brain, in the form, usually, of an increase of the intra-ventricular fluid, or else of apoplectic bleeding or of tumor, in which case the swelling and flattening are more localized.

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The next evidence (of congestion of the brain) mentioned by writers is the distention of the veins and capillaries with blood, the veins are tortuous and varicose, the gray matter dark. Both this and the white matter show abundance of bloody points and gorged vessels, and the description ends with 'it is extremely difficult to draw the line and say what is morbid and what is consistent with health.' Now, it is better, nay, it is necessary, to say firmly that it is simply impossible to draw the line and say what is consistent with health. But the question is not about the degree of health to be inferred from a post-mortem, but whether the mode of dying, the position of the body after death, or the manner of making the inspection, will not determine the appearance of extreme over-fullness of the vessels of the brain of the dead person, independently of the conditions which were antecedent to all this. Can we infer from the amount of blood in the brain after death the amount during life? Kussmaul and Tenner, after numerous experiments, under various conditions and circumstances accurately predetermined, declare as the result of their investigations that they could not deduce any results from post-mortem examinations undertaken to ascertain the state of fullness before death of the most important parts of the vascular system. Now, if this is the conclusion where the conditions before and after death were determined and known, how can it be said that the amount of blood found after death in the human brain will show the amount present before death, when the conditions before and after death were unknown and undetermined."

The author applies the same line of reasoning to other organs—to the liver and to the stomach, with special reference to the appearance caused by sudden death by heart disease. He then continues: "During life, redness, when associated with swelling, heat, and pain, are at one with these associates in proving the existence of inflammation; but after death, the redness, which was due to the enlarged scope of vascular play, ceases, because vascular play has ceased with life. The consequence is not doubtful, and it is quite certain that after death the redness goes from inflamed and congested parts. Such serious issues may turn upon this point, that I think it very necessary to clearly recognize that no degree of redness, or pinkness, or over-fullness of blood about the brain or its membranes, can prove that there was any morbid state of the circulation within the head before the act of dying. Death by asphyxia increases the amount of

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blood in the head, but a dependent position of the head after death, if only for a short time, will cause a similar increase. It should be taught that it is a sign of ignorance to say in a coroner's court, that congestion of the brain was found on post-mortem examination to be the cause of the person's death."

These emphatic words have an obvious medico-legal application. To those who are in the habit of making autopsies with what is deemed proper thoroughness for judicial purposes, and who have invariably opened the head of the cadaver with that end in view, and have noted and described, with more or less faithful attention to details, the blood supply of the brain and its meninges as an essential part of the examination, these new teachings will suggest the propriety of revising the usual interpretation of injected blood vessels. But the observations of Moxon cannot serve to justify the examiner in omitting to examine the contents of the cranium in every instance of post-mortem inquiry in death by violence, no matter how evident the cause of death may seem to have been declared upon inspection of other regions of the body. If the medical jurist desires an excuse for saving himself extra labor with the saw, mallet and knife, when he thinks he has found the cause of death in some region below the head, he will find a distinguished American precedent in the record of the autopsy of the late President Garfield; it will be remembered that before proceeding to the inspection of the body in that case it was "unanimously agreed not to open the head."—*Boston Med. and Surgical Journal.*

UNITED STATES MEDICAL COLLEGE.

FOURTH ANNUAL COMMENCEMENT.

The public exercises of the Fourth Annual Commencement of the United States Medical College, took place at Steinway Hall, New York, on Wednesday evening, March 8th, 1882. The audience was large and choice, filling the whole room and thronging the galleries. The platform was occupied by the Trustees, Faculty and a goodly

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"sprinkling" of New York's best citizens. In the absence of the President, Hon. Samuel R. Filley, the chair was taken by the Vice-President, George H. Jones, Esq., of Madison Avenue. An overture was immediately executed; and the prayer was offered by Dr. Ozias Ellerson.

SECRETARY'S REPORT.

The report of the Secretary was next read. It embraced a full statement of the operations of the College, the Board of Trustees and Faculty, as well as the principal results of the academical term just concluded. It is as follows:

The report for the United States Medical College for its fourth year exhibits a gratifying improvement in condition and prospects, and fewer drawbacks or unpleasant occurrences than heretofore, which were incident to our appearing on the arena as an educational institution.

The annual election was held March 21, 1881, when the following officers were chosen for the ensuing year: President, Samuel R. Filley; Vice-President, George H. Jones; Secretary, Alexander Wilder; Treasurer, Charles H. Howell.

The fourth academical session was begun on Wednesday, September 28th, 1881, and continued till the present occasion. The number of lecturers in active duty was thirteen; and there has been neither slight or neglect in regard to thoroughness in instruction, in punctuality on the part of the professors at their post of duty, and fidelity in the performance. The curriculum is as complete as any in the United States, and includes all the branches regarded as essential in medical study, together with the more recent departments of Homeopathy, Psychological Science and Therapeutic Electricity. The views presented have been of the most advanced character in medical and surgical science, embracing the diverse ideas of the various Schools of Practice; and the liberality which we profess and inculcate, is what the expression really means, not a mere latitudinarian compromise of opinions insincerely maintained, but the outcome of the best scholarship, learning and intellectual conceptions of the age. If the State of New York, under whose laws we hold our corporate existence, rightfully employs the motto "EXCELSIOR" as denoting an unceasing progress higher, the claim may also be

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successfully maintained that the United States Medical College is fulfilling a like career, with the distinct aim and purpose to be nearest the summit and zenith.

Its relations with the Bureau of Education at Washington and the Board of Regents of the University of the State of New York, are duly assured. We have received from both quarters the countenance and favor to which we are lawfully, and we trust, justly entitled. In this day of numerous medical schools, with nominal and superficial instruction and inferior standards, we have endeavored honorably to maintain our integrity as a scientific institution. If any one desires to know how faithfully and thoroughly our endeavors have been prosecuted we will volunteer this information:

The students entering the class of 1882, as candidates for the degree of Doctor of Medicine, have been presented at their various examinations with no less than 927 printed questions, of which they were required to answer accurately at least 618. If there is a medical school in this country more rigid than that in setting and enforcing a standard, we have yet to learn its name. The questions which were so submitted have also been transmitted to the Secretary of the Regents of the University of this State at Albany, and at his request, to the Hon. John Eaton, Commissioner of Education.

The matriculants of the present session, all of whom it should be known, are genuine, are eighty-three. The number in the graduating class and receiving the degree *ad eundem*, is thirty-one. In this enumeration we include, as will be perceived,—

Four women from Hygeia's school,
To lance and probe and dose us,
To bind our wounds, our pulses feel,
And duly diagnose us.
Man bids them hearty welcome, since
It seems a happy token,
That she should mend his fractured bones
Who oft his heart hath broken.

We have not, we acknowledge, exceeded our numbers of a year ago. We could easily have done it, however, if we had been more lax in our examinations, and willing to promise diplomas in advance, to those who made application. They went where they would be surer of their wish, where their money went in extenuation of their want of intelligence. We have, nevertheless, a counterbalancing advantage in the quality of the class now receiving our degree. It is a

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deserved tribute to pay to it to say that it excels. The audience witnessing the exercises of this Commencement will now have an opportunity to judge, whether we are partial, or whether we are just.

The Harvard College plan of graded classes and annual examinations of students, has now been two years in operation. This disposes of the former hasty oral examinations for the degree of Doctor of Medicine, held at the end of a three years' course of study. The undergraduates have the option of being examined in specified departments. When, therefore, at a subsequent term, they offer their name for graduation, they have no such occasion, as heretofore, to review in hot haste all the various studies included in the curriculum, whereby they incur the inevitable risk of mixing all they have heard and read in heterogeneous confusion, and have no very definite conception why one answer is right or another wrong, except because some text-book or professor has happened or been understood so to teach. In the way which we here deprecate, Doctors of Medicine are made in this country by wholesale, several thousands each year. The number, however, who have really any high scientific attainment, or have been rendered fit, in any essential degree, to take professional charge of the sick, is homeopathically small. On the other hand, in the new method, the student is less worried and exhausted, while at the same time he is better able to pass more thorough examinations, as well as to understand the principles which underlie his studies. The quality of the teaching is improved; but we hardly need to add, the instructor has to do more work. However, the professors in the United States Medical College are themselves learning, and thus setting the example to students.

It must be acknowledged by candid observers, that the attempts to fence about the medical profession by statutory enactment, has been and must inevitably be a total failure so far as relates to improving the quality of physicians, or the safety of their practice. It is as impossible to arrest quackery in medicine as it is in law, politics or preaching. All that has been accomplished is to set certain medical societies a smelling, and to put a premium on medical diplomas. It adds to the revenues of easy-going medical colleges, but nothing whatever to the literary or scientific attainments of practitioners. The ways of diploma-selling are rendered more dark, yet at the same time, the sales are largely increased. In that the attempt to regulate the practice of medicine by arbitrary statute, as well as to enforce

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the diseasing of school children under the pretext of sanitary regulation, shows men at fearful straits in the way of making a living at the expense of their neighbors.

Among the States represented in the class, are Ohio, Indiana, Illinois, Vermont, Connecticut, New Jersey, and Pennsylvania, as well as our own city and Imperial New York. We have our alumni in Canada, New England, the Middle States, and on the Lakes, as well as beyond the Mississippi.

To-night we begin the fifth year of our academical existence. We hold this Commencement under most felicitous circumstances. The legislation of the last year has removed former impediments; and the new city authorities have been just and honorable in their adminstration toward us. The medical organizations with which we are affiliated, both State and National, give us just countenance and support. We shall persevere in good conscience, with unwavering purpose, and full of courage. The morning which is now ready to dawn, is to us full of hope. When we again meet on a like occasion, we shall have opportunity to relate how far that hope has been consumated and realized by fruition.

THE GRADUATING EXERCISES.

Miss Sarah De Land was gracefully introduced by the presiding officer, and entertained the audience with a soprano solo. It was exquisitely performed, and the enthusiastic audience called her again to the stage to repeat her effort.

The next orator was Miss Nellie Josephine Shepard, the elect of the class, who delivered the Salutatory. It was admirably rendered, humorous, apt, yet with many sparklings of sense interspersed with its wit. The speaker captivated the audience, who greeted her subsequent appearance with a tempest of applause.

The address of the Rev. Daniel C. Potter, was overflowing with logic, wit, sarcosm and rich humor. False liberalism received a severe "scoring" as did false conservatism both in science and religion.

He said: I wish to speak on a subject now evoking a great deal of attention, and justly. It is Liberalism. Perhaps it would be well to call it *Modern* Liberalism. The days when strait-jackets were required for free-thinkers are gone by. He who has power t good to others, and does it irrespective of class or school, is the who finds recognition at our hands. If a man has his own vie

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religion he can hire a hall, and there defend his faith, whatever it may be—to empty benches. Who can ask for more than this? (Laughter.) If he has no faith to defend, then he can speak in Booth's Theatre on Sunday night and have it packed. What in the world more is needed?

Liberalism, we may say, is founded on freedom of opinion, but it is a thing which I know is looked upon, at least in ecclesiastical circles, with a great deal of suspicion. These have been maligned, but have generally managed to stand it. The world has certainly gained something by them, and there may be something about them which we would like to change. But they are standards.

Liberality is precisely the same, it matters not where you find it. The liberal man is ready to give every one the right to judge for himself; but the Liberal School which takes everything away and puts nothing in its place, is a school of tramps; and its basis is the basis of lunacy. Some have a belief so liberal that when they come to the multiplication table, they say two time two makes five. This is not the kind of liberality that should be practiced in medicine, especially if the dose is in any way large. Last Summer I found myself very accidentally at a distance from this city in company with a gentleman widely known, who was suddenly seized with an alarming sickness. A doctor was sent for but could not come. I prescribed something heroic in the emergency. We next summoned one who affiliates with, and is a graduate of that school, whose motto is said to be, "Smile on me, smile on Bub, and cure your aunty." It is the custom of that school, I am informed, to look grave at a case of toothache. The Doctor was not an old man, and was puzzled over the case. We proposed to telegraph to the city for a physician of his school who would compare with Dr. A. or B. No, no. "To tell you the truth," said he, "we have not got such a man." "What shall be done?" we asked. "This is a well-known man, and we cannot afford to lose him." He only, however, recommended to "continue the heroic treatment, till the patient was better, and then fall back on his regular treatment."

Liberality will not be hard on conservatives. It will not expect much from them. While, however, awake to every advance, we should not cut loose from the experience of the past.

We remember well the wretched scene at the bedside of the late President. There were doctors standing about,—members of that

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Old School who never, *never*, NEVER make mistakes. There was also a man there with some sort of an electrical machine, who was to find the bullet of the assassin by means of electricity. He asked the physicians to go to the other side of the room, and then passing his hand over the President's body, he felt or he thought he felt, the round bullet, and placing his machine over the spot, he said: "Here it is; don't you hear it? That is lead." But it was all *miss-lead!*

What has become of the man with the electrical machine? Why did not the newspapers pursue him? Who was he? Where did he come from? It was plain that medical conservatism had been badly "sold" in that case, and had never been manly enough to own it.

There was a physician in England: No, I think it must have been in Connecticut. He had graduated but a short time, and had just read about the symptoms of small-pox, how it develops, etc. A man was taken sick, and our young physician was sent for. He supposed the symptoms resembled those which he had been reading about, and so promptly diagnosticated small-pox, and made a prescription. The physician, like the clergyman, when he jumps at a conclusion, often makes a mistake. Next day the young man called again. The man was well, perfectly well. "What had he taken?" Beans! nothing but beans. Home goes the physician and announces beans as a specific for small-pox.

Now for a few words of advise. It may be that these gentlemen and ladies who have completed their course of study in the United States Medical College, will be successful. It may be that you will not. It seems almost cruel for me to suggest this. If you fail to get a living in the medical profession, you can go into heresy. There have not been a dozen trials for heresy in as many years. It is the most open field for energy and enterprise, that now offers itself. Come to religion and you will find there the best samples of heresy, or the most disgraceful examples, as you desire to call it, in the ministry. When a man finds his income not equivolent to his requirements, he experiences a change of view on certain doctrinal points, and so steps into a broader and more remunerative field. But, speaking in all seriousness, I would say, that liberalism has its strong foothold in the Christian Church. We have revised—I would almost say, our Creed, but we have revised—OUR Code. We have not changed the sense of the reading, but we have made many of the dark things light.

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The best educated man in this world, is the man who fits himself to do best what he intends to do. He is the best fitted, who gets knowledge for knowledge's sake, wherever and however it may be obtained, who believes in having the truth, if it can be obtained, under any circumstances. If any man desire wisdom, let him ask it of the Source of Wisdom and he will obtain it.

Dr. George Vaillant performed a piano solo—"*The Battle*," and so the way was opened for the Confering of Degrees. It ought to be stated that the Orchestra was under the management of Mr. Thomas H. Joyce ; cornet solo by Mr. Bent.

CONFERING OF DEGREES.

The Dean of the Faculty advancing to the front, announced the names of the graduating class. The candidates one by one ascended the platform and took their places. They were applauded as they were severally recognized ; Dr. Gloucester, the colored graduate, receiving the warmest welcome of all.

Acting President Jones, in an appropriate speech, welcomed the class of 1882 to their initiation. At the close he remarked: "It remains for me only to terminate officially the relations that have so long existed between you and the United States Medical College. I do this in the manner at once most gratifying and honorable, by bestowing on you the symbols of honor and professional rank."

The diploma of the College was then presented by him to each of them as follows: Laura M. Burhans, New Jersey ; Julia S. Hunter, New York ; Henrietta Hanford, Pennsylvania ; Nellie J. Shepard, New York ; Wm. F. Ball, M.D., Ohio ; Arthur W. Brash, New York ; Wm. M. Burhans, M. D., Indiana ; Dumont C. Dake, New York ; Arthur de Latour, New York ; Henry Ermentraut, New York ; Robert Gahrar, M.D., New York ; Harry B. Garrigues, Ohio ; James N. Gloucester, New York ; James W. Harris, New York ; Charles S. Huntington, M.D., New York ; John F. McCann, New York ; Henry L. Mallory, Connecticut ; Francis Quijano, M.D., New York ; Carl F. Ritter, New York ; Morton Robinson, M.D., New Jersey ; Edgar W. Royce, M.D., Conn. ; Melantchon Somers, New York ; Porter H. Sumner, Penn. ; Harry B. Smith, New York ; J. D. E. Smith, M.D., Connecticut ; Percy L. Templeton, Vermont ; Antonio J. Villaverde, Cuba; Tobias H. Wetzel, Pennsylvania ; Charles A. Ward, M.D., New Jersey; Norman L. Wright, M.D., New York.—*Ad Eundem.*—Samuel E. Mortimore, M.D., New York and Geo. W. Winterburn, M.D., New York.

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Floral tributes were bountifully given to the new-made doctors having friends in the audience. Having retired to their seats, with music, Prof. Gunn, Dean of the Faculty, announced the degree of Master of Surgery, which had been conferred on Doctors G. Hermann Merkel of Boston, and Morris H. Block of New York; also of Doctor of Pharmacy, on Dr. George W. Winterburn of New York.

The Band Prizes, presented by Doctor Charles Band, of Nebraska, were now bestowed. The gold medal was awarded to Dr. N. J. Shepard, after a sharp competition with Drs. H. B. Garrigues, H. B. Smith, A. W. Brash, and J. F. McCann. On one side of the medal was the Seal of the College surmounted by a leopard, and with four leopards quartered, with the motto—*Inter feras per crucem ad coronam*—"Among wild beasts by the cross to the crown." The obverse side had the inscription—"Band Medal awarded to Helena Josephine Shepard, Senior Class of 1882." The symbols consisted of a palm-tree, the emblem of immortality, also the Cup of Hygeia, surmounted by her serpent. The motto *Vires Vitales Sustine* was inscribed beneath; and at the base the Greek word ANOTHEU. This is the second College prize taken by the same student.

Mr. Porter W. Stevenson was the fortunate winner of the Silver Medal. This bears the inscription: "Band Medal, awarded to Porter W. Stevenson, Junior Class of 1882; Benefactor—Carolus Band Crete, Nebraska." The symbol consists of the Bowl and serpent of the Goddess of Health and the Staff of Esculapius. Mrs. Mary E. Robinson was his all but successful compeditor.

DR. NEWMAN'S CHARGE TO THE CLASS.

As I sat here observing the exercises of the evening, I thought, what a marvelous picture this is. Here a woman vindicating her equality of intellect, and bearing off the Gold Medal for proficiency in study. And she a Shepard, too! What sick lamb would'nt like to be treated by her? And than to have that golden medal fired off by a Gunn! What an extraordinary university this is. You only want a Chinese to make the most extraordinary sandwich in the land. There stands Japhet, there stands Ham, next year do not fail to get Shem. In the life of every man and every woman there come supreme moments when long-recurring hopes are realized, and when struggles of many years terminate; when a whole seems concen[redacted] in a moment. Such was the moment when Columbus saw [redacted]

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of this land; when Washington grasped the sword of Cornwallis at Yorktown. Such a moment is the present one for you. You are expected to do grand things. You go forth as the representatives of this medical institution; you are its living embodiments. You represent these gentlemen of the Faculty and the patrons of this college; and you should not forget that you are the exponents of all interests clustering around this institution, which must be very dear to your memory. You are aware that society expects of you pre-eminent success. Ordinary success belongs to a past age. Nothing less than this, nothing more than this, not other than this, but standing forth in all the fullness of individuality, impress yourselves upon the age in which you live. The day was, when a man of your position attended to all diseases; but now in this day of specialties, the sick man has doctors to the right and doctors to the left and doctors in front and behind. He is surrounded with physicians, simply because it suggests the maturity of the age. Remember this: let him who pursues a specialty not neglect all others cognate thereto; that the specialist is the best-informed man that makes himself familiar with all that relates directly or indirectly thereto. You are in a profession that promises the greatest good to you. Not only in a mercenary way. You are the miracle-workers of the 19th century. You are to remember that eighteen centuries ago there lived in Nazareth in Jerusalem a man who effected cures—not by suspending absolute laws, but by counter-working an inferior force by a superior force. The time is coming when the church and the world shall understand the process of Him of Nazareth in its true light and shall crown Him the Prince of philosophers.

I have a young friend, an oculist, who having graduated in this country, traveled in Europe and there graduated with high honors Since his return there country, not less than 200 cases were responded to his scientific practice—eyes that were once blind; and science is giving hearing to the deaf and teaching dumb lips to speak. And you gentlemen of the medical profession, are to so stay the eternal laws of nature that you shall realize the sayings of Shakespeare that "You shall put a heart beneath the ribs of death itself." Why should we sicken and die? The average age of the generation to-day is over that which it was a century ago. And you will ascend to the Prophet of Nazareth and stand by him. And the ladies and gentlemen of the graduating class, remember that society will demand of you this,

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the highest honor. In your profession, as in mine, there are rivalries, there are jealousies. Human nature, is the same whether it is in the doctor or clergyman. There will be ambition to gratify, but then be men, and rising in the magnificence of your professional honor never seek to rise at the expense of the downfall of a fellow-physician. Strive for a crown, but strive for it manfully, as would become a professional gentleman.

If you cannot win success by fair means, do not seek to attain it by any other means. As we admit the religious teacher to the sanctity of our homes, so do we admit you to the home, in the providence of God. We place under your charge our mothers, our wives, our daughters and our sisters. Preserve them and preserve yourselves, and hold the sanctity of the home of your patient as sacred as the sanctity of the eternal world.

It is not my purpose to say more. I have said enough. May you be blessed with length of days and with health.

Dr. John F. McCann, being next introduced, delivered an eloquent Valedictory Address. It was a tribute to the College, its officers and instructors, and an elaborate eulogy of the scope, purpose and methods of Reformed Medicine. He was listened too with earnest attention; and at its close, the well-entertained audience dispersed.

THE ALUMNI ASSOCIATION.

The annual meeting of the Alumni Association of the United States Medical College, was held at the rooms of the College, Thursday, March 9th, 1882. In the absence of the President, Dr. Milbrey Green, of Boston, the chair was taken by Dr. Joseph Dobson, V. P., of the Class of 1880. Letters were read from Dr. M. Green, explaining his absence; also from Dr. Pond and others.

The following officers were elected for the ensuing year: President, Joseph Dobson, M.D., Fairfield, Conn.; 1st Vice-President, Arthur D. Brundage, M.D., Tunkhannock, Penn.; 2d Vice-President, Mrs. Laura M. Burhans, M.D., New York; Recording Secretary, John F. McCann, M.D., New York; Corrrseponding Secretary, John P. Nolan, M.D.; Treasurer, Benj. J. Stow, M.D., 213 Nassau Street, Brooklyn, N. Y.; Executive Committee, Morris H. Block, M. D., N. J. Shepard, M.D., D. C. Dake, M.D.

President Dobson delivered an eloguent inaugural address, after which he proposed a plan for an Alumnae Endowment Fund for the United States Medical College. After its adoption, the alumni p

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subscribed $1,700, and promised to make the amount $5,000 in a year. This is an excellent beginning for a very cold, stormy day.

The Association then adjourned for one year.

ALUMNI SUPPER.

At eight oclock, the Alumni, Professors and Trustees of the United States Medical College, with friends to the number of one hundred and fifty, assembled at Martinelli's in Fifth Avenue, for "gay and festive" purposes. In due time all were seated in the large dining room, duly at ease and happy. President Dobson took his place at the post of honor, flanked by Acting-President Jones, and Dr. Stow, Prof. Vander Weyde, and a bevy of ladies whose attractions they had been unable to resist. The prominent places at the foot were occupied by Drs. Gunn and Wilder, respectively, the latter supported by Mr. Davis, the Griswolds Smiths, etc.; and the former by the Rev. Mr. Potter, and an equally sedate and dignified company.

The invocation having been duly made, the company devoted its undivided attention to the comestibles, till the President announced that it was time for coffee and—speeches. He toasted the College, and brought out a speech from Mr. Jones, who described a vision of Judgment, witnessed by himself, about apropos to those of Southey and Byron explaining how Dr. Gunn reached heaven. The next toast rousing up the Dean, he explained that he was let into that place, which he had heretofore known so little about, because he had sent no patients there, by premature taking off. [He did not explain where he had sent them.—Rep.] A sentiment on the relations of the professions, evoked a felicitous, brimming-over speech from Rev. Mr. Potter, which evoked almost an uproar of mirth. Even the gentlemen of the order of "Smile at me, smile at Bub; cure your aunty," were not forgotten. Dr. Garrigues spoke for the Class; Dr. L. de V. Wilder for the Faculty, Dr. Vander Weyde as editor of the *Practical American*, for the Republic; in short, as the Salutatorian had predicted, all the members of the Mutual Admiration Society had a word in. The right ears of every body, including the ladies, were aglow; till at an early hour, the President as apostle of the Dawn, somewhat authoritatively as well as soberly, proclaimed the festivities at an end.

A day later, and an army of prodigal sons were on their way to meet their fathers, eager for new robes, gold rings and fatted calves, in the *auld lang syne* domicils. Success, prosperity and happiness to them, one and all.

Plautus.

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WHAT SHALL BE DONE WITH THE DEAD?

A PAPER appeared in the fourth volume of *Old and New*, a spirited journal published in Boston several years ago, which discussed boldly the question now daily becoming more important: "What shall be done with the Dead?" We trust that the accomplished writer "E," a well-known *literateur* and divine, will consider us guilty of no breach of honorable relations, if we reproduce the argument.

Prince Puckler-Muskau made the provision in his testament, that his body, after death, should be burned or destroyed by chemicals. He gave as his reasons for this unusual request, his conviction that sanitary laws demand the institution of such a custom, and his desire to avoid the desecration of his remains through future disinterment.

Americans who are accustomed to sée large spaces devoted to burial-places, and to whom the idea of want of room is almost unknown, can form no conception of the difficulty of disposing of the dead in Europe. As population increases, the problem becomes daily more hard to solve. It is evident that the present system of interment cannot continue much longer, without constant and serious injury to the physical health and moral refinement of the people. The mourner, or the sympathizing stranger, who visits the park-like enclosure of Mount Auburn, is soothed into a tender melancholy as he looks around upon the scattered graves beneath those embowering shades; nay, not only would the carefully-kept cemeteries of our large cities almost make one in love with death, but every village churchyard and country burial-place upon remote hillsides offers at least the surmise of inviolable sanctity for every separate portion of human dust committed to its care.

Of course, this pleasant prospect for the dead is rendered possible only through the limited population of the living; and the pressure of the dilemma which now rests so heavily upon the Old World, is only a question of time in the New. Even now, public attention is beginning to be aroused to the fact that cemeteries, in order to be innocuous to the living, must be situated far from their abodes; while it is difficult to determine the distance at which springs of water can remain untainted. And if this be true of our wide, free spaces, what must be the state of the crowded surfaces of Great Britain and the continent of Europe? It is only within the present

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half-century that the dead of London have been buried outside the city limits; an arrangement rendered actually necessary by the horrible condition of the churches, the cellars of which were full of bodies, and of the churchyard, the earth of which was used over and over again until it was fat with corruption.

Dickens has drawn a forcible picture of this disgraceful state of things in *Bleak House*, where he describes how the authorities bear "off the body of our dear brother here departed to a hemmed-in churchyard, pestiferous and obscene, whence malignant diseases are communicated to the bodies of our dear brothers and sisters who have not departed. * * * Into a beastly scrap of ground which a Turk would reject as a savage abomination, and a Caffre would shudder at, they bring our dear brother here departed to receive Christian burial." Already the new cemeteries are filling up so fast that other means must soon be devised for the disposal of the harvest which death reaps daily out of a population of more than three [now four] millions. And since there is not now land enough in England to nourish the living inhabitants, and the population is steadily increasing, how can more be spared for the dead?

In many Continental cities it is customary to keep a large pit open in the cemetery, in which the dead of the poorer classes are deposited until the pit is full, when it is closed and another one opened. In Naples, a barren hillside at a short distance from the city is transplanted into a burial-place containing 365 tombs. One of these is opened every day; and after the interments are all made, quicklime is thrown in and the tomb closed until the recurring anniversary. In Switzerland the graves are depopulated every ten years, and the remains hastily gathered together and buried in a heap. In Germany a family burying-place, instead of embracing a large lot of ground, consists of one deep grave capable of holding several coffins, one above another. Not only so, but old graves are continually being opened to receive new occupants. Even the solid blocks of granite which serve as monuments in the old cemeteries of Nuremberg, and which it would seem nothing less than an archangel's trump could stir, are, in this our day, pried up by the desperate sextons to give shelter to the dead for whom there is no other place. In the old Jewish cemetary at Prague, the graves were originally dug deep enough to hold six coffins one upon another; and when the enclosure had become full, new earth was brought, and the ground filled into

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a sufficient depth to allow of a tier of graves above the original surface. The device was resorted too at several different periods until, about a century ago, the City Government forbade any more interments; and the spot is now resorted to as one of the curiosities of Prague. The path leading from the gate is several feet lower than the artificial terrance, and the upright memorial-stones are crowded close together in every direction, so that most of the graves appear to be represented, each by several tombstones, standing one behind the other.

In view of the embarrassment which is everywhere felt by this condition of things, and the mischief which is not less real, though it may not always be so palpable, it would seem that the public mind should be aroused to a consideration of the evil, that it may be led to desire a change in the prevalent customs.

There is no doubt that the proximity of the dead is injurious to the living, and it is equally certain that in crowded cemeteries which continue to be used for burial, the dead are not removed beyond the power of dying injury. Casper Hausers's abnormally-sensitive nerves were so affected by the taint of death in the neighborhood of St. John's Cementary, in Nuremberg, that in passing by, he was seized by a chill, succeeded by burning fever and profuse perspiration, followed by dimness of vision which lasted for several days.

From an æsthetic stand-point also, the present custom is to be severely condemned. The affection which prompts mourners to make frequent pilgrimages to the place of graves, where they may adorn with fresh flowers, the stone "which covers all that was a friend," is worthy of all honor, and must be treated as a sacred thing; but it is impossible that tender memories of the departed should not be mingled with a horrible consciousness of the loathsomeness of corruption, when it is remembered that these graves which true love has washed with tears must open to receive other dust, and that in a few years the dear remains must be disturbed to make room for other claimants of the soil.

In the light of such experience, how grand and solomn is Homer's description of the incremation of dead heroes? How pure and peaceful appear the modest *columbarii* of Rome and Pompeii!

There is but one, if indeed there be any, way in which [illegible] can be buried without harm to the living; and that is [illegible] surface of the soil at once for purposes of cultivation

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through accident or design, those crops which require strong nourishment have been allowed to grow in ground which covers animal remains, as on the field of Waterloo and other similar places, the harvest has always been beautiful and exceptionally good. As a subsequent fertiliser of the soil which has once sustained him, man, being dead, may yet speak in fields of waving grain and vines loaded with healing fruit; but so long as fallow graveyards are allowed to pollute the earth he will continue to be sown "in corruption, to be raised in corruption, an avenging ghost at many a sick-bedside."

The Ancient Romans, to whom all later civilization owes so much in the way of just laws and suggestions of practical utility, burned their dead. It is significant, too, that they borrowed this custom from an older people, nor in the infancy of their nation, but only after the increase of population had demonstrated the impracticability of interment; while it is a fact, that all of the plans devised by human beings in all parts of the world, and under all varieties of climate, habits and religious, for the final disposing of dead bodies, that of burning is at once the safest, the cleanliest, and the least repulsive to the natural tenderness of the survivors. There is something in the nature of fire peculiarly attractive to the human mind, which aspires and longs for purity; and, were it not for the influence of custom, there can be no doubt that it would be less painful to see the dear remains of a friend exhale with the flame and smoke of a funeral pyre, than to give them over to the foul odors of the tomb and the slow frettings of the noisome worms.

There are also in these days, other agents which do the work of fire with greater swiftness and secresy. Joseph II., of Austria, partly from sanitary reasons, partly with the desire of putting an end to the lavish expense bestowed upon funeral ceremonies, made a law that the dead throughout his dominious should be sewed up in sackcloth and laid in pits, with a sufficient quantity of quicklime to cause a speedy disappearance of all corruptible matter; but the decree created such an outcry that he judged it wisest to rescind it.

Only a short time ago, the novel experiment was successfully made of using petroleum as a disinfecting and incremating agent One of the battle-fields of the recent war in Europe had become a source of apprehension through the terrible stench arising from the multitude of hastily buried men and horses. As it was impossible to attend to each seperate case, the authorities drenched the whole field

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with petroleum and afterward set fire to it. The flames were intense, and continued long enough to produce the desired effect.

It is the general belief of Christendom in the resurrection of the body, that has done more than anything else to establish and uphold the prejudice in favor of burial in the earth; and that he will be the strongest obstacle in way of any sanitary reform in this direction. This belief, like most others founded on faith and not on reason, is entirely illogical; and if held at all, ought not to depend in the least upon outward circumstances. For the body that is buried is, in process of time, no less dispersed and lost amid new combinations of matter than the body that is dissolved at once by flame, or devoured by chemical arts. And when one thinks of the thousands of human beings who annually perish by accidents of fire and flood, and of other thousands who, dying in hospitals and prisons, pass from the hands of the dissecting surgeons to the swift oblivion of the lime-pit, there remains no reason why the other millions of dead should appropriate to themselves a good share of the earth's surface which is needed for the sustenance of the living.

Many persons remember the cry of horror raised against the friends of Shelley, because they burned his body instead of burying it. But in that instance circumstances and the laws of the land left them no alternative; and who dare assert that the mournful watch of their friends over the funeral pyre of their gifted comrade, on the lonely shore of the sea that had too early quenched his glorious spark of life, was less sacred and solemn than the usual parade of burial in a Christian Congregation; or that his ashes, reverntly gathered, with his steadfast heart that would not burn, was not as tender a memorial for the survivors at the thought of a grave in which corruption is gradually doing it hideous work.

Even considering the cast-off garment of man's mortality as a fertiliser of the soil, in which charactor alone it has any right to a place in the living world, this end can be best attained by subjecting the body to the action of fire. By this purifying agent all noxious elements are destroyed, and the residue is substance harmless to man and beneficent to plants. There exist on the coast of Great Britain establishments for the reduction of human bones to manure; and shiploads of this ghastly frieght are carried from the overstacked cemeteries to supply the factories and through them the markets, with the needed commodity.

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It would be less shocking to the feelings of the community if, instead of this secret, disgusting traffick in men's bones and all uncleanness, mankind would acknowledge themselves bound to be benefactors of their species in death as well as in life; and, having provided that through the purifying agency of fire, their flesh should never see corruption, to the injury of the human race, would cheerfully bequeath their ashes for its benefit, through the greater strength of vegetable life.

No man dieth, any more than he liveth, to himself; and, either as a helper or a hinderer, must each one of us leave the record of his whole being upon the destiny of humanity.

ANTI-COMPULSORY VACCINATION IN MASS.

The Committees on Public Health of the Legislature of Massachusetts had a hearing, March 9th, 1882, of the petitioners for the repeal of all Statutes making vaccination compulsory. It consists of eleven members—four big doctors. Dr. Rufus K. Noyes of Lynn, opened the debate, speaking two hours. The doctors on the Committee badgered him so indecorously that the chairman, Senator Horton, rebuked them. Dr. A. Booth, president of Bellevue Medical College, Boston, was the next speaker, and supported the positions of Dr. Noyes with great force. Mr. Milliken, editor of *Cottage and Health*, and A. E. Giles, argued the unconstitutionality of the vaccination Statutes. Dr. McMahan of Lynn, of the Old School, also opposed the practice. The Committee agreed to have another hearing.

The bill to make vaccination compulsory in Connecticut, has been rigorously opposed before the Committees of the Legislature. It may not be time to boast or hope for much, but the back fire seems to be burning on gradually.

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The Mirror.

"It is only the bravest thinking and doing that will ever root out error. The great mass of cultivated people lack health and vigorous individuality."

THE PROGRESS MADE.

The chronicle of March indicates decisive advance in the way of light and freedom. The onslaught of quacks against quackery, has not altogether met the wishes of the plotters against civil and personal freedom. The legislature of Massachusetts has given leave to the petitioners for medical legislation to withdraw their application. We feel to cry: "God save the old Commonwealth!" A petition for repeal of the Statute against Compulsory Vaccination, headed by Wendell Phillips, and signed by some thirty or more physicians, has had several hearings before the Committee on Public Health. This is a good beginning.

The Ohio bill was pressed by a vigorous lobby of beggarly practitioners, placed on its third reading and lost. Mr. Licey we are told did the work of opposing it, and did it manfully and well. This looks as if the Western doctors epidemic would come no further East.

In Connecticut a doctors' bill seems to have received a back set; and such Statutes as now exist there do not seem to suit the men who procured them. The attempt has also been made to saddle the State with a Vaccination Statute; but it is vigorously opposed by the ablest physicians of the State, and except it is stolen through by artifice, will hardly see daylight. The State has a statute on druggists, worthy of Afghanistan and the Kaffirs.

In New Jersey a bill was passed to admit physicians without diplomas to registration, who had been in practice twenty years. But the present statute is so completely a dead-letter, that most men are willing to let it die of its own stench.

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The protection of the people who have no desire to be so protected, is the pretext of several bills which a paid lobby of the New York Medical Society is thrusting upon the notice of the legislature. So near as can be seen, the crusade is ostensibly against electricians, water-cure practitioners, magnetists, and the like; doubtless with the hope that if a fair prospect of success can be achieved in this direction, the lines can further be drawn, so as to include other "irregularities." We have watched this set of curs for many years, and find them always ready to bite when least expected.

In all this medical legislation, the people themselves do not take the slightest interest. They will do nothing to enforce it, if it is ever enacted. It is all designed to help starveling Old-School doctors and homeopathic mercenaries to get practice for which the people judge them unfit. Only such seek the "protection," and will furnish the complainers and prosecutors to enforce it. Decent men and doctors capable of treating a respectable mouse, have never asked for the proposed statutes, will never ask for them, or lift a finger for the crusade and persecution which are contemplated. The men who engage in the prosecutions will be suitable candidates for the pump and horse-whip. We know of no other use for them. All this protective legislation operates to increase diploma-traffic and multiply bogus colleges.

The "Free West" seems to be sweltering under Board of Health rule, and we apprehend will sweat at it a little while longer. We have little to say for them; they must learn by harsh experience. The day is near at hand when once more the watchward must be: "Rebellion to tyrants is obedience to God."

A GOOD MAN GONE.

Dr. Charles Spinzig, of St. Louis, died of paralysis, January 22d, 1882. He was born at Hanover, in 1829, and came to this country in 1852. He began the study of medicine soon afterward and graduated in 1858, from the St. Louis Medical College. Immediately on the outbreak of the Civil War he entered Col. Kahlman's regiment as Surgeon, and served through the entire period. His humanity

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exceeded his patriotism. It is related of him, that while on duty at Atlanta, Georgia, he was reprimanded for furnishing professional advice and medicines to sick rebels, and when told that he made himself liable to court-martial, replied that he knew he did, and if his superiors would arraign him he would plead guilty. The answer prevented the court-martial.

After the war he was made resident physician of the City Hospital at St. Louis. An epidemic of cholera was then raging; and he made good use of his experience and facilities for observation. He published two treatises, now out of print:

Epidemic Diseases as Dependent upon Meteorological Influences.

Cholera: the Laws of its Occurrence, Non-Occurrence, and its Nature.

His public spirit and interest in education were unexcelled; he was three times elected, on independent nominations, a member of the Board of Directors of the Public Schools of St. Louis. During this time Prof. Harris, well known as the Hegelion Philosopher of the Concord School, held the position of Superintendent.

Dr. Spinzig was afterwards appointed by the St. Louis Medical Society to investigate the causes, nature and prophylaxis of small-pox and yellow fever, both of which were epidemic in the West. This was a just tribute to his character, as an indefatigable student, an earnest investigator, and a man who, when he entertained a conviction lived up to it unswervingly. His conclusions, almost of necessity, were not satisfactory to those who appointed him. He published two monographs which won him a noble reputation in England and Germany, namely:

Variola: Its Causes, Nature, Prophylaxis; and the Danger of Vaccination.

Yellow Fever: Its Nature, Epidemic Character, etc.

His views were unsparingly denounced, because they were opposed to the pecuniary interests and professional ambitions of other physicians, and because it was found impossible to controvert them. He was not the man to yield to base calumny. His adversaries exhausted the resources of abuse and indignity, seeking to rouse popular prejudice and even personal injury; but he was indifferent to their malice. He let his professional interests and social standing suffer whatever infliction professional bigotry and intolerance saw fit to bestow. He felt it his duty to proclaim the folly, absurdity and criminality of the practice which only poisons the blood and produces a permanent

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diseased condition in those who undergo it. He maintained these convictions unflinchingly, and lived up to them with a moral courage, which seems to have transcended the conception of the average medical men of St. Louis. Unable to appreciate the beauties of a good conscience, they showed it by an unsparing derision and vilification of the man whose learning, honesty and moral principles exceeded theirs.

Dr. Spinzig was more generously appreciated by learned and scientific men in Europe. He was elected corresponding member of various learned societies, among them, *Die Gelschaft fur Natur und Heilbunde*, in Dresden. The various savants opposed to vaccination knew of him, and highly esteemed him and his works. His last little *brochure* on *Failure of Vaccination* was regarded as an unanswerable pathological argument. The International Anti-Vaccination Congresses of Paris and Cologne, elected him a Corresponding Secretary for the United States; he was also a member of the Anti-Vaccination League of London.

His funeral was attended by a large concourse of patrons, friends, neighbors, and citizens, who knew and loved him. The slander and derision which unprincipled practitioners of medicine had heaped on him, did not blind the vision of any one who had known him. The good physician was honored alike by the wisest men of the Old World, and by his fellow citizens at home. His acts and his utterances outlive him.

EXCHANGES.

Our two spiritualist exchanges are exhibiting gratifying indications of material, if not materialistic improvement. The plucky, gritty, spirited *Religio-Philosophical Journal* has put on a clean face, that looks all the better for the washing, and makes its advent in better stock of paper, that does not crumple and break up so easily as formerly. It is improved by the changes; nothing but change of heart could be better for it. Ed. Bundy is not feminine; if he was born again, transimigrated, metempsychosed or reincarnated

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he never would become a girl. His head is too square, too flat on the top, as well as bald,—bald, like his rhetoric. His spiritualism is of the champagny kind, vivacious, sparkling, exhilirating. He is addicted to "sitting down" on mediums, even as some think, to the injury of the cause; but, at any rate, there are a world of good clippings, little papers, etc., in the journal; which, in fact, has as much philosophy as religion in it, though not over-full of either.

The staid old *Banner of Light* has increased its eight to twelve pages without adding to the subscription. It is the paper which staunch lovers of manifestations. trans-displays and the like, are eager after. It is outspoken, manly, and brave in the holy crusade against vaccination; and will live on prospering till poisoned quills and other diablery of modern medicine are heard of no more forever. Many of the papers and lectures which it publishes as having been given in the trance or ecstatic condition, would be regarded as of a superior character intellectually, if the speakers had prepared them in study. The editor has the true professional tact; he understands the readers for whom he caters, and adapts his work to their views and tastes. Many another, not excepting the writer of this notice, could follow his example with manifest advantage. We owe him many acknowledgements; he has never withheld from us the kind word.

VACCINATION MORTALITY.

A FEW more deaths from vaccination have been reported. The most outrageous of all is that of a young lady in Waltham, Vermont. Several others there, are badly diseased from the same cause. We are collecting the bloody list for future reference.

The revulsion against the foul practice has led the desperadoes to concert a small-pox scare in the Moravian town of Bethlehem, in Pennsylvania. All that could be done by way of exaggeration was done. Yet with it all, fever heat failed to last three days. But the real epidemics, scarlatina and measles are every where active; but they are significantly unmentioned. "There is no money" in them. Small-pox is actually on the decrease; it has not been so severe as asserted at any time; but the sequelæ of [redacted] be recovered from for many long months.

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AN ABDOMINAL SUPPORTER.

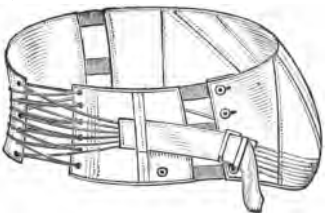
Every physician meets with a large number of patients, especially among women, who need some form of abdominal supporter. Those heretofore used, have been open to many objections, not the least of which has been their great expense.

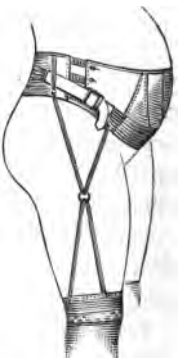
At the meeting of the New York State Eclectic Medical Society, held in New York, October 17, 1881, Dr. M. F. Linquest, of New Haven, Conn., called attention to a New Supporter which he had invented, and which he describes as Linquist's Swedish Abdominal Supporter. Wishing to give it a fair trial before recommending it to our readers, we ordered them for several patients, who had previously worn other kinds of supporters.

After three months, one lady writes as follows: "Dr. Linquist's Supporter is the best I have ever used. It gives uniform support, and I can tighten or loosen it from day to day, just as I please. I have recommended it to several of my friends, and they will order it."

Another lady says: "I am well pleased with my new Supporter. I wear it with great comfort and would not be without it on any consideration."

After the results obtained in these and other cases, we do not hesitate to recommend Dr. Linquist's Supporters to the favorable consideration of the profession.





The accompanying cuts show the Supporter and how it looks when applied. The straps on the sides enable the wearer to draw it up so as to secure whatever pressure is required, and when this is accomplished they are readily fastened. The stocking supporters are also an important feature.

A descriptive circular containing a full description of the Supporter can be obtained by addressing Dr. M. F. Linquist, New Haven, Connecticut.

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LEGITIMATE PHARMACY.

The action brought by Messrs. Allen & Hamburys, of London, England, through their American agents, Messrs. Schieffelin & Co., New York City, against Messrs. Parke, Davis & Co., of Detroit, to restrain the latter firm from using the word "Tonga" as applied to the pharmaceutical preparations of the Fiji Island compound of that name, has been withdrawn by the plaintiffs.

The claim of the London firm to the exclusive use of the word "Tonga" as a trade-mark, was a direct attack on legitimate pharmacy, and Messrs. Parke, Davis & Co. deserve the thanks of the profession for resisting the claim as they did. If legitimate pharmacists once yielded to such a claim, all our new remedies would pass at once into the hands of the nostrum dealers, and the profession and public would be placed entirely at their mercy. The contest over "Tonga," has been going on for four months, and when it was found that Parke, Davis & Co. were determined to defend themselves to the last, a compromise was offered. This was refused, and finally the plaintiffs retired from the contest by withdrawing their suit and paying the costs.

It would have been more satisfactory had the case gone to trial and been decided in favor of legitimate pharmacy by a competent court; but even as it is, it demonstrates the fact that the plaintiffs' case was too weak for even New York lawyers to care to have come to trial.

We trust that no similar effort to monopolize a new remedy will be made by propriatory medicine men, and that the profession in the future, will be more careful about giving their indorsement to preparations, of which they know nothing, while at the same time they are ready to cry down every new pharmaceutical preparation to which their attention is legitimately called.

It is to be regretted that in this fight of Parke, Davis & Co., against unjust monopoly, so many pharmacists and physicians have made it the pretext of personal attacks against the enterprising Detroit firm. But right will prevail, and so long as Parke, Davis & Co. continue to serve the best interests of the profession, as they have thus far done, they will not fail to receive their substantial support as well as their thanks.

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SMALL-POX FROM VACCINATION.

Recently seven children were vaccinated in a family in Waterbury, Conn. Five had the gangrene-pustule regarded as characteristic of vaccine poison; the other two took small-pox outright. The Board of Health, Dr. S. B. Munn and two other physicians visited the house. One of them remarked:

"This would seem to upset your idea that successful vaccination does not prevent small-pox."

"No," replied Dr. Munn, "it confirms it. In five of these patients, nature was strong enough to confine the effects of the poison to a circumscribed region, and so they have only a pox-sore. The other two were not in as healthy a condition, and the disease pervaded their entire system in consequence. The infecting poison was the same in all the seven cases."

Many are perhaps not aware, that in England and elsewhere, the vaccine virus is obtained from sores on calves, which had previously been made by inoculating the animals from small-pox patients. Genuine cow-virus probably exists nowhere, not even at vaccine farms. No wonder that the poison-peddlers ask for statutes to force innocent and healthy persons to submit to their infernal hell-craft.

MORTALITY IN NEW YORK.

A paragraph has been going the rounds in regard to increase of mortality in the city of New York. The average per week is about 850. We had supposed that this figure had not been attained. In fact, the city has been healthy. Scarlet fever, measles and diphtheria have been unusually mortal; probably because children have been made more liable from enforced vaccination. Small-pox has been little more than spasmodic, despite the National Board of Health, and the enforced re-vaccination of vaccinated emigrants. In short, there is not and has not been occasion for the scare which interested persons have started and kept up. New York is healthy.

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PALATABLE COD-LIVER OIL.

Cod-Liver Oil in the pure state cannot be used by many persons to whom it is indispensable, and for this reason, manufacturing chemists have combined it in various ways to make it more palatable. We have used several of the emulsions now before the profession, and do not hesitate to say that Phillip's Cod-Liver Oil is the most easy of administration and the most palatable we have yet been able to procure.

It contains fifty per cent. of pure oil, in combination with wheat phosphates, and is made perfectly miscible in water, It is certainly digested and assimilated readily by the majority of patients, and is free from the objections of most of the oils commonly used.

MEDICAL ASSOCIATION.

The Eclectic Medical Association of Pennsylvania, will hold its annual meeting at Pittston, on Wednesday and Thursday, May 3d and 4th, 1882. Public lectures will be delivered Tuesday and Wednesday evenings.

The tenth annual meeting of the Susquehanna District E. M. Society, will be held at the office of Dr. J. M. Mulholand, in Pittston, on Tuesday, May 2d, beginning at ten o'clock A. M.

A PRINTER'S PROTEST.

PART I.

Oh, why don't people form their *a*'s
And finish off their *b*'s?
Why do they make such crooked *c*'s
And such confounded *d*'s?
Why do they form such shocking *e*'s,
And *f*'s with ague fits?
Their *g*'s and *h*'s are too much
For any printer's wits. —[*Albany Express.*

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MISCELLANY.

Tests for Color-Blindness.—Dr. William Thomson, of Jefferson Medical College, has devised a test for color-blindness, for use on the Pennsylvania Railroad, which is in a measure self-working, and may be applied with precision by any agent at any station on the line. It is based on Holmgren's system of many-colored yarns, but the number of the skeins is reduced from the one hundred and fifty used by Holmgren to forty. The forty skeins, each bearing its serial number, are hung by buttons, that can be easily unhooked, upon a stick about two feet long, in such a way that the numbers are hid. The first half of the series of the yarns, numbered from one to twenty, are devoted to the green test. The odd-numbered skeins are of shades of green, and the even-numbered ones of "confusion colors"—grays, tans, light browns, etc. The other half is similarly occupied with skeins of red, and the "confusion colors" for red-browns, sages, and dark olive, arranged alternately. A man placed before the instrument is told to select ten skeins to match the green test-skeins, which is shown him. If his eyes are normal, he will readily select the ten green skeins, and the clerk simply finds the numbers of the skeins thus selected and puts them down. If the man's eyes are defective, he will hesitate in selecting the skeins; if color-blind, he will throw out skeins at random of the green and confusion colors. In either case the clerk has only to set down the numbers, which tell the story, and furnish the medical man all the facts he needs for making up his judgment. The test is applied in precisely the same way by means of the other half of the stick for red-blindness. The reports of the examinations have almost uniformly shown that 4:2 per cent. of the men are color-blind.—*Popular Science Monthly.*

Doctor R. is as bad a sportsman as he is a physician, but this does not prevent him, as regularly as the season comes round, from spending a fortnight in the fields with his dog and gun. "And that's the only period of the year when he doesn't kill anything," said one of his colleagues, kindly.

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VERATRUM ALB. IN VOMITING OF FOOD.—A woman, aged 40 years, several years ago was cook in a large restaurant. Used to be so busy that she had not time to eat without being called away. First noticed that at such busy times her food seemed to cause *pain when passing along the œsophagus.* This was soon after followed by a choking sensation when swallowing food or drink, and then followed regurgitation of a portion of the food eaten. For nearly two years nearly all the food and beverage taken has been thrown up very soon after meals. The vomiting is attended by a *suffocating sensation*, with redness and heat in the face. The patient had become very much emaciated, very weak. A strong longing for food, but dreaded to eat; was very constipated; low spirited; had a palpitation of the heart, weak pulse, cold extremities.

I had cured cases of vomiting of food with Pulsatilla, Iris, Nux, Amygdalus Amara, etc., but this case presented some peculiar symptoms. The pathological state doubtless was a primary *spasmodic* affection of the œsophagus, resulting in paralysis of that tube. This variety of vomiting is often the result of excitement or emotional causes. In Hahnemann's masterly thesis on the Hellebore of the Ancients, will be found symptoms which clearly resemble those above given. My prescription therefore was Veratrum Alb., 3x, five drops thirty minutes before each meal. (Had the symptoms been primary, I should have prescribed the 30th or 200th.) Three days afterwards she reported that the vomiting ceased the next day after the first dose; and two months afterward it had not returned.—E. M. HALE, in *Counselor.*

INTRAUTERINE TREATMENT.—The writer first considers the various methods for rendering the cervix permeable. He dismisses sponge and tupelo tents, the one for their danger, the other on account of their limited sphere of expansion. Ebell's and Barnes's dilating bag he mentions as useful but cumbersome. After mentioning the various other methods employed, he recommends that of Schroeder, which consists in splitting the vaginal portion of the cervix and then forcing from above or pulling down the uterus over the finger, and subsequently sewing up the wound made. He holds in reserve the use of tangle tents for cases where there is, along with narrowing of the canal, great hardening of the tissues. He does not, however, consider dilatation of the cervix indispensable previous to making

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intrauterine applications or performing curetting in the majority of cases. From hæmorrhagic endometritis, profuse menstruation following abortion, and some cases of dysmedorrhœa membranacea, he recommends that the uterus be pulled down with a volsellum, and a steel curette used, after which the cavity is to be washed out with a 1½ per cent. carbolic lotion, and a little perchloride of iron injected. He has treated over 300 cases in this way, and in 94 per cent. with good result. He relates three perforations of the uterus, in none of which any harm ensued. He recommends curetting in all cases of disease of the uterine mucous membrane, whether associated with a previous pregnancy or not.—A Martin, Berlin, *Edinburgh Medical Journal*

A Substitute for Glycerine.—I herewith give you an easy working formula for a substitute for glycerine, camphor ice, cold cream, etc.

Take of pure bay rum and glycerine each one part, quince seed jelly two parts, mix; this resembles Espry's cream. A few drops of the oil of rose or any other perfume may be added to the bay rum before it is mixed with the other ingredients.

The quince seed jelly is easily prepared by adding two drachms of quince seed to two pints of water, boiled down to one pint, then filter and let stand till cool.

The above preparation will be found a pleasant substitute for glycerine, camphor ice, etc. It is neither sticky nor greasy, and will be found when diluted with rain water, an excellent application for chapped hands, cracked lips, and a most excellent dressing for the hair. Various substances can be dissolved in the glycerine, if well heated before being added to the other articles.

Boracic acid of about the strength of a drachm to the ounce will be found a most excellent application in most diseases of the skin. Quinine can be used effectually by inunction in this way, as well as other remedies soluble in hot glycerine.—A. J. Roe, M.D., in *Medical Brief.*

Atropine and Ergot as Hæmostatics.—Dr. Tacke made the accidental observation that atrophine can act as a hæmostatic in all cases where ergot or one of its preparations are indicated. While in the case of ergot an exact observance of the dose is not necessary, since only very large doses have a poisonous effect, it is different with

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atrophine, which must of course, be used with great caution. Ergot and atrophine, though otherwise much dissimilar, yet have a slight relationship, inasmuch as they are both mydriatic. What relationship exists between this property and that of arresting bleeding must be decided by experiments in the future.

Dr. Tacke administered to a woman suffering from a wandering eczema, and who was profusely menstruating at the time, daily two hypodermic injections of 0.3 grams (5 minims) of a 1 per cent. solution of sulphate of atrophine (that is $^1_{20}$ grain at a time). After the first injection, already the menstruation became very moderate and normal. The same effect was produced in other menstruating females; and a very decided effect was obtained in a case of bleeding from the lungs (Dr. Hager, in *Pharm. Centralb.*, No. 27).—*New Remedies*, October, 1881.

Salicylated Starch in Eczema.—Kersch (*Wiener med. Blatt.*, No. 1, 1881) strongly recommends salicylated starch in the treatment of eczema. It is prepared by gradually mixing small quantities of pure strach with a 2 to 3 per cent. alcoholic solution of salicylic acid. When the starch has settled, the quantity of the solution present should be sufficient to furnish a layer over it. The residual solution should then be poured off, the salicylated starch pressed in stout muslin, and dried at a temperature of 176° Fahr. The eczematous patches are first deprived of their scales by the use of a 2 per cent. solution of carbolic acid and potash soap, then dried with absorbent antiseptic cotton, subsequently moistened with a 2 per cent. alcoholic solution of salicylic acid, and then thickly covered with the salicylated starch. The remedy, even allowing for Kersch's enthusiasm, seems to have acted well, and is worthy of more extended trial.—*Dublin Journal of Medical Science*, November, 1881.

Rhinacanthin, a new Remedy for Ringworm.—Dr. Liborius, having observed in China that the tincture of an unknown fibrous root was used successfully as a remedy for ringworm, obtained some of the plant, which turned out to be the *Rhinacanthus communis*, the plant

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of which the leaves, bruised and mixed with lime-juice, are used in India as an application for the same complaint. According to the *Pharm. Zeit. f. Russland* and the *Pharmaceutical Journal*, Dr. Liborius has since obtained from the root a quinine-like body, supposed to be the active constituent. It resembles chrysophanic acid in being antiseptic and anti-parasitic. He proposes to call it rhinacanthin, and represents it by the formula $C_{14}H_{15}O_4$. It occurs only in intercellular spaces within the bark, which contain an intensely red substance, supposed to be a compound of rhinacanthin with an alkali. It forms with bases beautiful red compounds easily decomposed by certain neutral solvents, such as petroleum spirit, which dissolve the rhinacanthin and assume a yellow color (*Medical and Surgical Reporter*).—*Therapeutic Gazette*, September, 1881.

Treatment of Tonsillitis by the Bicarbonate of Soda.—In *Le Practicien*, of September 19th, a paper on this subject by Dr. Gine, Professor of Clinical Surgery at Madrid. The paper was originally published in the *Presse Medical Belge*. Dr. G. asserts that repeated topical applications of sodium bicarbonate to inflamed tonsils is an exceedingly efficacious mode of treating this painful affection. The medicine may be applied, either by insufflation through a tube, or it may be placed on the inflamed glands by the finger of the patient himself. He counts his cases of rapid cure of tonsillitis in this way by the dozens. In no case have the applications proved useless, and often a cure is obtained in twenty-four hours; ordinarily, the relief is instantaneous. The agent is especially useful in the early stages of the disease as an abortive measure. So great is Dr. G.'s confidence in this mode of treatment, that he considers the excision of enlarged tonsils a very unnecessary procedure.

To Subscribers.—The publishers of the Medical Tribune respectfully request the attention of subscribers to the fact that one-third of the present volume is now issued, and that many have not yet paid their subscriptions. An early attention to this matter is solicited.

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The Medical Tribune.

VOL. IV. MAY, 1882. No. 5.

THE "BENDS."*

A WORD of apology for my strange title. It is the only name by which this complaint is known among those who suffer from it, though one scientific gentleman has tried to give it a more dignified title.

Last December I noticed an article in the daily papers on this subject and clipped it out as an interesting item, and there the matter would probably have ended with me, had it not been for—I was going to say—an accident.

Some time during the latter part of January a gentleman called at my office who had been a former patient. He was just getting over an attack of the bends. He was the foreman of one of the gangs of men employed in the New York caisson of the Hudson River Tunnel, at the foot of Morton street.

The symptoms he complained of I could not account for, and when he told me he had the bends, I, like all young doctors who get a case they don't understand, made a grab for my medical works, but they gave me no help.

Determined not to be beaten that way, I put on a grave face and a knowing look, while I asked for a repetition of the symptoms he complained of.

To my great joy he said he did not want any treatment then as he had got comparatively over the attack, but wanted me to look it up to see if it could not be prevented in future.

* Read before the West-Side Medical Society, of New York.

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His story, at the time was substantially as follows:

He had left the works at 4 P. M., and while eating supper, at 5 P. M., was taken with a slight pain in the right knee, which came in paroxysms, causing him to flex the limb each time the pain occurred. He applied hot flannels, hot water and a small electrical battery he had; the combined heat and electricity modified the pain till about 10 P. M., when it began to grow worse. It was steady, with once in a while flashes going from the hip to the knee, and from the knee to the ankle, causing violent flexion of the limb. The pain, at times, would start from a centre, get stronger, and appear to explode or shoot in all directions like a shell. Nothing would relieve it; but dry heat was the most comforting. The attack lasted about 48 hours. The constant desire was to keep moving all the time. In fact the pain was so great, that, although he is a very tough "gritty" little fellow, he could not remain quiet. The attack passed away gradually, but left a soreness which continued for about two weeks.

This gentleman informed me that from 75 to 80 per cent. of the men employed in the works were affected with the trouble, and that it arises from working in compressed air.

Sometimes a person is attacked the moment he enters, and cases have occurred where they have died within two hours.

His account brought to mind the newspaper clippings. I looked them over, but was as wise as before I began. Then I got a copy of the pamphlet by Albert Smith, M. D. This gave me more light than anything else, and I will quote a little from his work.

Nothing was known of the diseases caused by working in compressed air for submarine work, till the year 1820, or rather, if there was any knowledge, it was not put in a shape to be understood, and the accounts are so meagre as to be worthless.

Modern medical journals have given some little attention to this disease, but not the amount it deserves.

Dr. Smith's publication is called, "The Effects of High Atmospheric Pressure, including the Caisson Disease," published by the Brooklyn Bridge Company in 1873, and this has the honor of being the first work in English, at least, entirely devoted to this troublesome complaint.

From reading it I find the workmen employed on the East River Bridge, as well as the St. Louis Bridge, in 1868, across the Missis-

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sippi, were effected by the bends, or Caisson Disease, as Dr. Smith has "dubbed" it.

My friend suggested at his first interview with me that probably a little practical experience with compressed air might help me in finding out where the trouble was, and hinted that I might be so fortunate (?) as to get a dose of the bend, myself, "just to see how it seemed." I consented to go and see for myself, with some misgivings, so one evening I donned an old suit and wended my way to the foot of Morton street, where I found a large enclosure in one corner of which was an engine room, with two steam engines, each running an air pump. A mercury gauge I saw, hovered between the figures 25 and 26 on the indicator. I was given a pair of rubber boots and asked to put them on as it was just possible to be a little damp "down in the hole." My friend soon appeared, and with him I descended a ladder about twelve feet, to what he called the air-lock. I looked, and saw apparently the end of a boiler with a round door in it which was concaved so the convexity was inside. I mentally wished my guardian angel would keep an especial watch on me for a short time, at least, and entered. The door was closed, and by the dim light of a candle I could see the inside of the chamber was very heavily braced with iron bars to keep it together. The gentleman explained that the air was let in through a valve from the inside and opened it when the air rushed in with the same sound as of steam escaping from too high a pressure. The noise was so great, and the chamber so small, conversation was impossible, so I sat in silence waiting results. They came in a short time in the shape of a sharp pain in the right ear, against which I could feel the air blow like wind, or rather like a gale. I put my hand up, and the air was shut off, and was told to relieve myself by closing the mouth and nose, and inflating the middle ear with the air of the chamber. The pressure was only about two pounds, my friends told me. In a short time, I became accustomed to the change, and the air was let on again. As the pressure increased, I felt warmer, and noticed the perspiration start from the body, but did not notice it on the limbs or face. There was also a slight oppression of breathing, but this soon passed away.

When the air pressure in the lock equalled that of the inside chamber, the inside door, opened a little itself, and was pushed open by my friend. We then descended ladders through an iron tube

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about six feet in diameter, till we got to the caisson proper, a distance of about fifty feet.

This chamber appeared by the lights that flickered here and there, to be about forty feet long by thirty wide, and I noticed it was traced by very heavy beams crosswise and lengthwise. There appeared to be about twenty men at work digging.

Although I remained in this place for upward of an hour, I experienced no unpleasant results. I noticed in talking a peculiar nasal tone to the voice, both in myself and in the workmen.

On coming out, we had the same ladders to climb as we descended, and I noticed no fatigue at all from the exertion. I came out with a party of the men, and a larger lock was used than when we entered. The only sensation experienced, was that of a decided fall in temperature (probably as much as twenty degrees), as the air pressure was reduced to the natural outside pressure.

I afterward visited the excavation on the Jersey City side, where the air lock is larger, and the time occupied in filling it much longer. The sensations were not so unpleasant as my first experience on the New York side, although I was fully 800 feet under the bed of the river. In coming out of the tunnel, on the Jersey side, and while the pressure was being reduced in the lock, the sensation of coldness was more intensified than my experience on the New York side, possibly because I was longer in the lock, as it was larger, and took longer time to let out the air.

So much for my personal experience, and now with your permission I will quote a little from the work of Dr. Smith.

Like a true Eclectic, I am not afraid to get knowledge wherever it may be obtained, but always like to give others the credit for it when it is borrowed.

Dr. Smith appears to have gone to great trouble to discover the effects of high atmospheric pressure experienced by men in diving bells, caissons, etc., previous to the time his work was published.

He mentions an instance in the year 1820, of some observations made by a Russian physician named Hamel; which is the first accounts of any value up to that time. He says:

"In the course of some engineering work, in which diving bells were employed, Dr. Hamel had the opportunity of studying the effects of compressed air, not only upon the workmen, but also upon himself. In describing his own experience, he states that at the

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depth of five or six feet, severe pain was felt in the ears, which was relieved in a measure by swallowing. At fifteen or sixteen feet, there was a noise in the ears like an explosion, followed by entire relief from pain. His respiration was perfectly easy. The ascent was accomplished with much less inconvenience than the descent. Hamel states that one of the workmen became so accustomed to the air of the bell, as to be uncomfortable under the usual atmospheric pressure."

Dr. Smith also mentions several periods since then, in whch physicians have made investigations on the subject; but have added no material facts to the proceeding.

In looking over Dr. Smith's work, I notice several interesting portions as to the effect of high atmospheric pressure on the body. A few of which I will give:

"1st. The pitch of the voice is changed from a bass to a treble, and protracted conversation very fatiguing.

"2d. Its effect on the cutaneous vessels is shown by the pallor of the face, which is very marked, and continues for fifteen or twenty minutes after leaving the caisson.

"3d. During the work in the Brooklyn Bridge caisson, when the pressure was about thirty-two pounds, I took the temperature of seven of the men an hour and a half after entering the caisson, and found that it averages 99° F., exactly one degree above the nomal standard. At first I accepted this as the result of the increased interstitial change so strongly insisted upon by Dr. Jaminet of St. Louis, but subsequent observations led me to interpret it differently.

"The temperature of the body in health is kept at about 98.6 Fahrenheit, by the constant evaporation from the surface, but in the caisson as already mentioned, the air was already nearly or quite saturated with moisture, so that evaporation from the surface must have been practically suspended. With the temperature of the air at 76 Fahrenheit, as it was at the time of the observations, and the men engaged in severe labor, it is easy to see how the absence of the cooling process of evaporation from the surface would lead to a rise of one degree of the thermometer.

"4th. Upon the Circulation. The effect generally is, that on entering the caisson, the pulse will immediately rise to 120, but gradually falls back to its normal standard, and sometimes below it.

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"The effect of high atmospheric pressure upon the volume of the pulse is always, according to my observation, to diminish it. This is easily accounted for by the pressure exerted upon the artery, which prevents its yielding readily to the expanding force of each successive wave of blood. Hence the pulse is small, hard and wiry.

"6th. Upon the Perspiratory Function. Several writers have observed that it is immediately remarked by every one entering a caisson that the secretion of the skin is apparently immensely increased. It is noticeable even when the temperature of the air is moderate; but as this increases it becomes a very serious annoyance. The clothing quickly becomes saturated, which, beside the discomfort it occasions, exposes to great danger of taking cold on going out into the open air. But a little examination served to show me that in the Brooklyn Bridge caisson at least, there was really no increase of the secretion from the skin, but that, instead of evaporating, the moisture accumulated upon the surface, and thus simulated excessive sweating. I personally can say nothing upon this subject, as I did not notice its effects, but my friend said that while working in the compressed air, he would sweat very much."

I spoke of Dr. Smith's views, and he gave me an idea by saying there was a peculiar odor with perspiration or sweat, that was very hard to counterfeit, and that was what he noticed particularly, when he thought he was sweating, to see if it were fact or fancy, he thought it was fact.

"7th. Upon the Digestion. Nearly all authors who have written upon the effects of compressed air, agree in stating that for a time, at least, it increases the appetite to a remarkable extent. Indeed, this is one of the first and most favorable results observed where compressed air is applied remedially. With this experience, my own observations in the main agree. It was frequently remarked by the men working in the New York caisson of the Brooklyn Bridge, that their work made them unusually hungry, that they 'could not get enough to eat,' etc. Of course it was not possible to obtain any exact data as to the relative amount of food consumed, but from careful inquiries I arrived at the conclusion that it was considerably in excess of what is usual in the case of men engaged in similar labor in the open air.

"8th. Upon the Urinary Secretions. Dr. Jaminet, in his observations at St. Louis, found that the amount of fluid secreted by the kidneys, was very much increased, in some instances, nearly doubled,

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while the specific gravity was but little, if at all below the usual average. This shows that the solid matter excreted was also in much greater quantity than usual. But I cannot agree with him in attributing this exclusively to the excessive waste of tissue from over oxydation of the blood. The explanation is to be found, I think, chiefly in the fact that the skin as already stated, performs its function very imperfectly, owing to the impossibility of evaporation from the surface, when the air is already loaded with moisture, and hence a portion of its duty is forced upon the kidneys—organs always ready to act vicariously for the skin, or the mucous surfaces."

DEFINITION AND SYMPTOMS OF THF CAISSON DISEASE.

From the observations I have been enabled to make, and the study of the cases which have come to my notice personally, and in the pamphlet pulished by Dr. Smith, I have arrived at the same conclusion in regard to a definition of this disease, that he has, and as I admire the terseness with which he embodies his ideas, I will here insert his definition:

DEFINITION.

"A disease depending upon increased atmospheric pressure, but always developed after the pressure is removed. It is characterized by extreme pain in one or more of the extremities, and some times in the trunk, and which may or may not be associated with epigastric pain and vomiting. In some cases the pain is accompanied by paralysis, more or less complete, which may be general or local, but is most frequently confined to the lower half of the body. Cerebral symptoms, such as headache and vertigo, are sometimes present. The above symptoms are connected, at least in the fatal cases, with congestion of the brain and spinal cord, often resulting in serous or sanguineous effusion, and with congestion of most of the abdominal viscera."

SYMPTOMS.

Neuralgic pains constitutute in general the first and most characteristic symptoms, and are very seldom absent. The accession is often very abrupt, as if the patient "had been struck by a bullet." At other times the pain is slight at first, but rapidly increases in intensity. In well-marked cases, the suffering is extreme, men of the strongest nerve being completely subdued by it. It is "as if the

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flesh were being torn from the bones." The pain is usually of a remittent or paroxysmal character, the exacerbations occurring at short intervals, especially if the patient attempt to move, though usually designated as "cramps." These pains are rarely accompanied by muscular spasms. They generally begin in one or both of the knees, shifting to the legs or thighs, and then perhaps, creeping up along the trunk, to seize upon the shoulders and arms. Not unfrequently the severest pain is felt in the spine, and especially in the lumbar portion. There is usually some degree of tenderness with the pain, so that the patient will complain if friction be applied too vigorously. There is also a painful stiffness in the affected limbs, that precludes motion in the absence of actual paralysis.

In some cases there is swelling and heat as well as tenderness, indicating engorgement of the tissues; and this may persist for several days, being followed occasionally by discoloration as if from a bruise.

The pulse at the outset of the attack will differ according to the time which has elapsed since leaving the caisson; being, as a rule, quicker and more frequent as the time is shorter. Dr. Jaminet observed that if the attack occurred immediately after coming up, the pulse usually ranged from 95 to 115; while, if it were delayed for half an hour, the pulse would be slower—perhaps as low as 60.

The skin is usually cool at first, often of slightly leaden hue, and nearly always covered with a profuse cold perspiration standing out in beads upon the surface.

The temperature is generally normal.

Pain in the epigastrium if not relieved by treatment, is generally followed with a brief period of vomiting, which may continue with great persistence, even after the pain has ceased. In most cases, however, the vomiting is limited to the ejection of the contents of the stomach.

Paralysis if it occurs, affects most frequently the lower half of the body, but it may include the trunk, or one or both arms.

The duration of the Caisson Disease varies from three or four hours, to six or eight days. When paralysis takes place, this may continue for weeks, or it may pass off within twelve hours. The cases marked only by neuralgic pains do not generally last more han twelve hours, though some continue five or six days.

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Death occurs only in cases which are severe from the first, and are marked by symptoms of serous or sanguineous effusions, about the brain or cord.

The constant lesion in fatal cases, of Caission Disease is congestion of the brain or spinal cord. This congestion may be evenly distributed, or it may vary in intensity in different localities.

This is especially true as regards the cord. The congestion affects both the meninges and the substance of the brain or cord. In some instances extravasation of blood takes place, and also more or less serous effusion in the arachnoid membrane.

A tendency to fullness of habit, renders work in a compressed atmosphere much more hazardous.

At one of my visits to the works I had an opportunity of witnessing the sufferings of a person affected with this disease. It was a light case, and only affected the right knee. The pain complained of was a dead aching between the condyles of the femur and the head of the tibia. The person remarked "It felt as if he had no knee," from the numbness. On examining the knee, I found it slightly swollen and very pale. There did not appear to be any marked rise in temperature.

The use of intoxicating liquors is apt to render a person more liable to the disease. The usual time at which the men are attacked, is from half an hour to two hours, after leaving the compressed air.

These symptoms have a great resemblance to those of Hyperæmia of the spinal cord and membranes. The pains, general characteristics and actions of the patient, would point to this as a cause of the disease. Autopsies which have been held in cases where the patients have died from the effects of the Caisson Disease, have shown intense congestion of the brain and spinal cord, and in some cases, effusions into the membranes. The fact would also account for the paralysis, which so often supervenes after a severe attack.

TREATMENT.

The only means which have been employed in the treatment of the Caisson Disease, so far as I can ascertain, were the use of Calomel, Electricity, Morphia, Ergot, Bi-Carbonate Potash, etc., and hot fomentation to relieve the pains.

One of the means which has been recommended by several writers is returning immediately to the compressed air, and it has given relief in many cases.

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I have not yet had an opportunity of treating a case of this disease, but shall study it carefully. I believe rational treatment will show better results than that which has been employed by the physicians, who have heretofore had charge of the cases affected with this terribly distressing complaint.

My friend came to me some time after he had left this kind of business, saying he had another case, if I would like to note it down. His story was about as follows:

He noticed on coming out at 9 A. M., a slight pain in left elbow, not so much of a pain as an odd feeling, and something he could not describe. When he came out at 10 A. M. (as he was allowed to come out each hour), he was taken with an intense pain in the left elbow. This was relieved by going back into the compressed air. He did not come out again till 12, the pain had ceased when he got into the compressed air, and now came on a great deal worse than before, and kept getting worse till about 2.30 P. M. He obtained the most relief from holding the painful elbow over a steam radiator in the room, and as there was a slight leak in the pipe, he got a little steam on it; this moist and dry heat combined, relieved it so much that he thought it was all over, and went to work again at 3 P. M. He had no pain at all while inside.

While he was coming out at 4 P. M., and the pressure had been reduced about one-half, the pain began again. This time it kept up continually for about eighteen hours. He says that severe is no name for the pain that he suffered. He tried the steam heat for an hour, but it now gave no relief. This time it was on the right side, and at times there was partial paralysis, so much so that it would drop helpless; and in order to move the hand or arm, he was compelled to swing the whole body. This motion appeared to give a little relief. The pain was from the shoulder to the tips of the fingers, and there was a slight pain from the shoulder to the right side of the spine. It appeared to pass away of its own accord, and not in response to any treatment he subjected himself to. At times he would appear to relieve the pain by clasping the wrist firmly with the other hand and trying to squeeze the pain out of it; then he would hunt out with his fingers each of the nerves or tendons in the wrist, and by pressing on them singly, would appear to get some relief.

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Although this disease has not been noticed till recently, yet the number of excavations likely to be made where men will be compelled to labor in compressed air renders it a subject of much importance; and as it is impossible for any person to work for any length of time in compressed air, without becoming affected, there is a probability it will become common, and no doubt will be complicated with other diseases. This may become very troublesome to some physicians, and doubtless a time will come when a physician will have to ask a patient whether he ever worked in compressed air, similar to asking whether he has had certain other diseases.

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*ASTHMA.**

SIR JOHN FALSTAFF, in Shakespeare's inimitable Henry IV. says: "*Give me a man that sticks by his friends;*" and as the asthma has stuck by me very faithfully for some thirty years, and as we have had some terribly hard tussles together, I certainly can do no less than make mention of the fact, and of the still more important one of how I finally got the better of my old *friend*, or *enemy*, as I may choose to regard it. I was a very little child when first I made acquaintance with the asthma, and as nearly as I can remember it was one of the *abiding* results of a slight attack of *Pneumonia*, or *Lung Fever* as it was diagnosticated by our old family physician Dr. Parvin, of Indiananoplis.

The symptoms which characterize an attack of asthma are so easily recognized and thoroughly understood by every practitioner, that I need not refer to them here. There is not a physician in the room this evening who has not met with and treated many cases, and all, I am sure, will agree with me in saying that it is one of the

*Read before the West-Side Medical Society, of New York.

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most obstinate of diseases and difficult to relieve, as well as most painful and distressing both to the patient and his sympathizing friends. My long and close personal acquaintance with the disease however, has led me to give more time and attention to investigating its varied phases and phenomena, than the ordinary run of busy practitioners find time to give to the observing of any one disorder. From my own observation and study, therefore, I am led to the belief that the immediate and essential condition of the asthmatic paroxysm is a state of contraction or spasm of the bronchial tubes. As a proof of this I would mention first that the sudden induction and remission of the asthmatic paroxysm is consistent with its dependence on muscular spasm. In the second place there is abundant proof that the air in the lungs is *locked up*, and can neither be got *in* nor *out*. There is evidently plenty of air in the chest, as is easily proved by percussion; the patient is as unable to expel air as to draw it in; can neither *inspire* nor *expire*; cannot discharge breath enough to whistle, or blow out a candle, or even blow his nose. The muscles of respiration tug and labor to fill and empty the chest, but the chest-walls remain immovable, the *inspiratory* muscles cannot raise them; the expiratory cannot depress them. All these facts, I think, not only indicate, but absolutely prove, a spasm of the bronchial tubes. For a long time I was of the opinion that the attack is produced by *mucus, plugging* or *stopping up* the tubes. This cannot be, however; for the attack will often come and go, without any expectoration whatever.

Nor can it result from any inflammatory thickening of the mucous membrane lining the tubes, for the attack often comes and goes almost instantaneously. But I think that we have still better proof of circumscribed narrowing of the air-tubes, in the peculiar *whistling sound which characterizes the breathing.* This, it seems to me, is positive evidence of constriction. But perhaps the best possible evidence in my power to produce to establish my position, is the fact that the very best remedies we have with which to combat asthma, are remedies whose direct effect is to relax muscular spasm.

As to the causes which bring on paroxysms of asthma, their name is legion. In my own case, it was always produced by taking cold; the attack following to a certainty, the succeeding night, and lasting without intermission for thirty-six to forty-eight hours, being always better in the day-time, and worse after retiring at night. In the

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case of a gentleman whom I am now treating in Brooklyn, the trouble is always brought on by exposure to cold winds. I have at present in my employ a young lad, who is subject to the most distressing dyspepsia, whenever he *inhales the fumes of sealing wax* in my laboratory. I find the same effect on myself also, from the same cause. I have found many cases where *sleeping on a feather bed* would invariably produce an attack; many others, in whom it would result from a *very hearty meal*, and *a few* cases where any *sudden fright* or *nervous excitement* would quickly produce it. I have also met with a few cases where the *inhaling of any strong perfume or odor* of any kind, would bring on a paroxysm. One of the worst attacks which *I* ever experienced, was brought on by *violent laughing;* and *another* by inhaling dust from carpets, which were being shaken. I have found many persons also, who are much more subject to the disease in cold, damp weather; and others, strange to say, who are *better* in damp and rainy seasons.

I have observed also that a change of locality has often produced or relieved the disease. Personally I have suffered greatly from it in the West, but have been comparatively free from it on the seashore. Others however, have had an exactly *opposite* experience; suffering greatly from it here, they have been quickly and permanently relieved on the Western prairies. Some also of my acquaintance have been greatly benefitted by a residence in Florida, and others, by long sea-voyages. During the last few years I have twice visited Europe, and each time found myself nearly choked to death in London, much relieved in Paris, and entirely free from it in the south of France. My best advice, therefore, to my asthmatic friends, has been to travel, and *keep on* traveling, until they find a place where they are free from asthma, *and stay there.* I have seen a statement in some of our medical journals, that there is *no asthma in China.* Whether this be true or not, I cannot say, as I have never been there, and do not know any one who has.

When we come to consider the number of *remedies* for asthma, we find them almost as numerous as the causes which produce the disease; and here also we find a perfect exemplification of the old saying that "*What is one man's meat is another man's poison.*" A remedy which acts promptly, and perhaps permanently in one case, is of no value whatever in another, or perhaps may even make the second case worse instead of better.

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During ten years I was a constant sufferer from asthma, sometimes unable to lie down for several weeks, and the only sleep I could get being such as a man may obtain who is being *choked to death*. During three years I had faithfully tried dozens of remedies, and methods of treatment, without obtaining the slightest relief; the disappointment in each case being more from the reports of many others cured by the *infallible* remedy under consideration. At last, one happy day I called on Dr. Collins, on Randolph street, Chicago. At least I *tried* to call on him, but found I had not wind enough to get up-stairs to his office, and had to take a seat on the lower step. The old gentleman quickly espied me, however; and though I had not breath enough to tell him what the matter was, yet he took in the situation at a glance, and at once prescribed for me large doses of *calomel* and *balsam copaiba* to be taken daily; *and also to inhale the fumes of burning nitre paper*. Of the calomel I took several doses, and quit; of the copaiba I took one dose and never wanted any more; in fact after that dose I concluded that the asthma was not the worst thing after all. Since then I have occasionally prescribed capaiba in my practice, *but not for asthma.*

But from the nitre paper I found immediate and permanent relief, and never since have I been troubled with asthma. Whenever I have y fear of a visit from my old friend, I simply burn a small piece of brown filter paper, previously saturated in a strong solution of nitre, and dried, and *inhale* the smoke. My threatened trouble vanishes, and I feel no more of it, perhaps for months. What I use is simply the ordinary nitrate of potash. More commonly known as saltpetre. The relief obtained from it is immediate in my own case at least—and for many years past it has been to me a complete and perfect protection against threatened attacks of asthma.

But in other cases this remedy has failed entirely. In fact the behavior of asthma to remedies, is marked by the most extraordinary uncertainty and caprice, as before remarked. But so efficacious have I found my favorite nitre paper in a large proportion of cases, which I have treated, that it is always a matter of surprise to me when an asthmatic tells it does him no good.

A combination of saltpetre with dried stramonium and mullen-leaves, makes a most excellent relief for this trouble. *Himrod's Cure for Asthma*, a popular remedy at present, is composed principally of

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these ingredients, I believe; also other similar preparations for catarrh and asthma.

In the West we have a species of weed which is found in almost every load of prairie hay, which has wonderful effect in many cases of asthma.

Our old Eclectic remedy, the Lobelia Inflata, has also made some reputation for itself in its treatment. Conium and Hyoscyamus also appear to have some value, though the relief they give is slight and temporary. Of Belladonna I can speak highly, having used it recently in two cases with excellent results, after other remedies failed.

In the *London Medical Record*, of March 15, 1879, Prof. Huchard asserts that the most intense paroxysms of asthma may be promptly relieved by hypodermic injections of morphia.

Another very powerful and effective remedy for the asthmatic paroxysm is *chloroform*. I think I have never seen a case where it has been used without affording immediate relief; one objection to using it being that its operation is evanescent. As soon as its physiological effects pass off, its remedial effects disappear also, besides which its use is attended with some danger, it not being a safe remedy to trust in the hands of a patient. Of the *newer* remedies, which have recently been introduced, I have tried *Grindelia Robusta* (wild sunflower), with fair success in one or two cases. *Drosera* (sundew), is also highly spoken of, but I have not yet tested it. A fine old Western remedy for asthma, is a hot punch made of old peach brandy. So wonderfully efficacious is this medium, that many persons use it daily whether they have the asthma or not; doubtless going on the principle that an ounce of prevention is better than a pound of cure.

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Writer's Cramp.—Wernicke has lately found a peculiarity which, if present in all instance, shed an entirely new light on this affection. In an ordinary case reported to the Berlin Physiological Society (*Arch. f. Phys.*, 1881, p. 197), he observed an isolated paralysis of the extensor pollicis longus muscle, which muscle, according to Duchenne, is not immediately concerned in the act of writing. However, it is of decided influence on the position of the thumb and hence the author believes the paralysis to be an etiological factor in the disease.

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EPIDEMIC JENNERIAN INSANITY.

A REPLY TO PROF. LINDSLEY, OF YALE COLLEGE.

In his official capacity as a member of the State Board of Health, of Connecticut, Prof. Lindsley publishes a paper in its fourth annual report on the subject of "Vaccination." The main points of this paper I propose to review very briefly. The world is frequently afflicted with epidemic delusions, as well as epidemic diseases, and those delusions usually obey well-defined laws, passing from one country to another, similar to the manner of diseases. Just at present we have a serious epidemic of the vaccination delusion afflicting the United States, and Prof. Lindsley along with the other members of the profession, have contracted contagion in a virulent form, approaching malignancy in its character and manifestations; and what is of far more consequence, they are making strenuous efforts to inoculate the Legislature and the public, with the virus of the epidemic.

In dealing with the Professor's papers, I shall acquit him of wilfully misstating the facts, because I prefer to think him free from *wicked* and *deliberate* perversion of the truth; therefore, any strictures will apply more to the "authorities" (?) he has quoted them to the mild "moonshine," of the Professor himself. Having, therefore, put the gentleman at his ease, I will at once affirm that his quotations from English source are *fables*, and the "statistics" he adduces are *false*, quoted with a view to securing a statute making vaccination compulsory under the supervision of the board of medical police of which he is a member.

The Professor's so-called "authorities" are *not* authorities but individuals who conspire by *suppresio veri et suggestio falsi*, to rob the public treasury, and poison the people wholesale.

This is a very serious charge, but one that I shall prove to the complete satisfaction of every reader, whose mind is not hopelessly diseased with prejudice and ultra-bigotry.

In his introduction, Prof. L., speaking of Jenner and cow-pox, says:

"Probably no single discovery ever made by man, has contributed so much to longevity. The greatness and value of this specific preventive of small-pox can never be successfully controverted."

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Further on he says: "Its general observance and practice, is in obedience to the law, 'Of two evils, one should choose the less.'"

The Professor has allowed his rhetoric to outrun his reason, his logic and his veracity, as we shall soon see.

I deny that Vaccination has "contributed" anything "to longevity," or that it is in the least a "specific preventitive of small-pox," and, the Professor's assertion, notwithstanding, I affirm that it *can*, and has been "successfully controverted."

I have stated that the Professor has quoted false statistics, and in this assertion I am supported by no less an authority, than Dr. Farr, of London, whom Prof. Carpenter tells us is one of the ablest medical statisticians of his time, or of any time; and one of the truest men he had ever known. Well, Dr. Farr tells us that the statistics of the seventeenth and eighteenth centuries *are not reliable*, and in this statement, Prof. Carpenter coincides. "The bills of mortality," therefore, to which Prof. L refers are *false*, and Drs. Farr and Carpenter admit their falsity.

Further, and perhaps better, proof, of the falsity of the bills of mortality, which Prof. L. quotes to aid his imagination, is to be found in the testimony of Dr. I. Massey, Apothecary to Christ's Hospital, who, writing in 1723, observed:

"These London bills of mortality are founded on the ignorance or skill of old women, who are the searchers in every parish, and their reports (very often what they are bid to say), must necessarily be very erroneous. Many distempers which prove mortal, are mistaken for the small-pox—namely, scarlet and malignant fevers, with eruptions, swine-pox, measles, St. Anthony's fire, and such like appearances, which, if they destroy in three or four days (as frequently happeneth), the distemper can only be guessed at, yet it is generally put down by the searchers as small-pox, especially if they are told the deceased never had them."

Now we have here three witnesses, two of whom are living, and of world-wide reputation, unqualifiedly contradicting, in advance, the rash and unwarrantable assertions of Prof. Lindsley's quotations, respecting the ravages of small-pox in London.

What he asserts concerning Germany and France, is equally as inaccurrate as the fables concerning London, as all authentic records show.

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Prof. Lindsley is unfortunate in his witnesses. He has brought Macauley into court, but Macauley proves too much. The period of which the historian writes, so far as small-pox is concerned, is very instructive, for the people at that time were as crazed for small-pox, as Prof. L., and his co-vaccinators are now for cow-pox.

What are the facts? The people courted and nursed the disease; they availed themselves of every opportunity afforded them to give it to their children by putting the healthy in bed with those sick with the disease. Even this was not sufficient to satisfy their insanity, and they resorted to direct inoculation. The result is well known, they got small-pox *ad nauseum*, by their culture of the disease, during the special period Macauley alludes to. Macauley simply records the fact of the excessive mortality from small-pox, but he does not tell us that the doctors then cultivated by inoculation, as they now do by vaccination. The aid of law was successfully invoked to stamp out inoculation, as it will by and by stamp out vaccination. Give the people light, and the Vaccination delusion, like its twin-sister, "Witchcraft," will be relegated to the tomb of all the Capulets forever.

There can be no doubt but it will die hard, as all errors do, especthose that have millions in them: for we can hardly expect the doctors to kill the goose that lays the golden eggs.

Prof. L. asks the question;

"WHAT HAS VACCINATION DONE?"

It is significant, however, that he does not even *attempt* to show what vaccination has done. He, very judiciously evades his own question, doubtless feeling that "the less said about it the better." Instead of answering his own query, he rambles away into a lot of untruthful statements made by others respecting what small-pox has done, and then discusses the question of the best source and kind of vaccine corruption. His own question, however, he never attempts to answer. Seeing that he has left the matter thus unceremoniously, I feel it will be best to answer the question for him. And 1st, *vaccination and re-vaccination, whether from* SMALL-POX INOCULATION, HORSE GREASE, COW-POX, SWINE-POX, OR HUMAN CORRUPTION, *has proved itself impotent to prevent or modify small-pox.*

This is proved by all *authentic* records from Germany, France, Sweden, England, the Sandwich Islands, or America.

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For the proofs of this I refer the Professor to my papers published in *Stoddart's Review, New England Review, The Examiner* (Hartford), and other public journals, at home and abroad. I refer him to the returns from all the small-pox hospitals, and to the "Vital Statistics," of Dr. Pearce, of London; to the returns of the Registrar General of England; to the statements of the British Consul General at Honolulu: to Rekter, P. A., Siljestrom, of Sweden; to Count Zedtwitz, of Baden; to Mr. Kolb, of Munich; and to Dr. Stramm, *medical staff officer of the Prussian army.* Dr. Stramm has written a pamphlet strongly condemning vaccination as useless and injurious, at the conclusion of which he says: "I myself have been vaccinated, and twice successfully revaccinated, and yet in the exercise of my official medical duties, during the late epidemic in Prussia, I have been attacked with small-pox in the most virulent confluent form, and been only saved from the worst consequences by a speedy change of climate."

Lastly, Carl Lohnet, *the Statistician, Chemnitz, in Saxony,* says:

"Vaccination never protects against small-pox, but helps to magnify each danger in the life or health of thousands. Further, it is nothing but a blood-poisoner, and to believe that such a thing can render the organism proof against small-pox is unreasonable. On that account it is also a mistake to believe that the usefulness of vaccination can be proved by statistics. Honest and rational statistics prove only the pernicious effects of vaccination."

It were easy to pile up the proofs, Ossia upon Petron, that vaccination is *impotent* as a "preventitive of *small-pox,*" as Prof. L. asserts.

Having shown that Prof. L.'s question was being answered, and that the "greatness and value, of this (so-called) specific preventitive of small-pox" can be "successfully controverted," I proceed further to answer the question he asks, and which he fails to answer—"What has vaccination done?"—by stating a few more of the things it has done.

2. *Vaccination has spread syphilis, consumption, all kinds of disgusting skin diseases, scrofula and leprosy.*

The proofs of this assertion are to be found in the *Lancet, Medical Times and Gazette,* in the Medical Journals of the Continent of Europe, and in the published statements of many of the world's ablest physicians. Amongst which I name Drs. Ricord, De Paul, Lanceraux, Ceroli, Jassini, Marcolini, Lebus, Galligo, Lecoq, Hubner, Monel, Viani, Jugua, Keller, Herman and Prof. Germann on the Continent

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of Europe. To these may be added Drs. Sir Thomas Watson, Jonathan Hutchinson, Wm. Hitchman, C. I. Pearce, J. W. Collins, J. Garth Wilkinson, Thos. Skinner, Creighton, Lane, Ballard, Robinson, Haughton, and many others. The United States has also furnished its quota of evidence to the general mass in the testimony of C. Herring, of Philadelphia; Dr. Spinzig, of St. Louis, Profs. Wilder, Gunn and others. I have not gone to obscure or second-rate men for my facts, but to men who have the highest of reputations as learned, scientific and skillful physicians, second to none anywhere; and yet all of those men have given emphatic testimony to the facts I have stated, that *bovine*, and all other vaccine corruption conveys filthy, disgusting and dangerous diseases.

The following description of the horrors of vaccination, given by Dr. Hitchman, *who gave up his appointment as a public vaccinator rather than poison the people*, is so true and graphic that every man, woman and child in christendom should "read, mark, learn and inwardly digest" it. He says:

"State quackery attacks, by preference, the young and newly born; neither purity nor innocence is defended from its wholesale indiscriminate, corrupting influence; the strength of youth it often reduces to weakness; the healthy blood of the blooming virgin it converts to contagious poison; *it blights the infant in the womb*, its protean form eludes detection by experienced eyes, and contaminates the very milk, as you have seen, drawn by the child from its mothers breast. These are the conclusions of scientific men, whose knowledge and experience of vaccination qualify them beyond interested *ex-officio* advocates to judge rightly of both sides of this national question."

Such is the language of this eminent physician whose ripe scholarship, scientific attainments and large experience, give him special and peculiar qualifications for expressing an honest and correct opinion. To this I only desire to add that my own personal experience of small-pox and vaccination have been exceedingly painful. It has been my lot to know of hundreds of thoroughly vaccinated people die of confluent and hæmorrhagic small-pox with various disastrous complications. I have known of vast numbers who were vaccinated into small-pox itself and die of the disease; and I aver, with all the energy of a profound conviction begotten by personal observation and experience, in spite of previous education and

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prejudice, that vaccination has proved itself a curse, a delusion, an imposture, and a miserable cheat, that has never been surpassed by the livest quackery any charlatan could concoct. And yet in the face of all the evidence that can be adduced to maintain what I have said, Prof. Lindsley, of Yale College, and the Connecticut State Board of Health, request the Legislature to make vaccination compulsory, and *Why? Because "there are millions in it."*

Nay, more, there are not wanting proofs that we shall soon be urged to vaccinate for all zymotic, miasmatic, contagious and eruptive diseases, so infatuated have the victims of this Jennerian insanity become.

We are to have compulsory vaccination, public vaccinators, vaccine farms, medical examiners to swear the victims of vaccination have succumbed to "Bacillus Malariæ," and not to vaccination. Coroners juries are no longer to sit upon us or the vaccinator who kills us, but we are to be handed over, body and soul, to the *Allopathic Inquisition*, who are to do with us what they please, while our privilege will be to foot the bills. We have annihilated the "conspiracy of silence." We are now to have the conspiracy of "MEDICAL LUNATICS."

JOSEPH DOBSON, M. D.

FAIRFIELD, CONN.

TANNER OUT-DONE.

As it may, perhaps, be of some little interest to some, I will state as I was sitting in my office on the 15th day of October, 1881, I observed a spider of the *Aeaneida* family, making his way from the ceiling above (suspended by his web), to the floor of the office.

I reached to my desk near by, on which lay a small sliding paper box, I opened the box, and when the spider had descended sufficiently near, that I could reach it conveniently, I allowed him to drop into the box, and as I closed it over the innocent and unsuspecting prisoner, the thought occurred to me, how long can this little creature live without food or water? And also, is it possible he can out-do Tanner?

I then and there resolved to take advantage of the opportunity that had so fortunately and unexpectedly presented.

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From that day to the present, the 15th day of April, 1882, six months, or 182 days, I have carefully watched and daily inspected the little faster, and can positively affirm he has not partaken of any food or water, only what he may have received from the air.

The box in which he is confined, was as clean and white as white paper could make it, and is so now, except the appearance of a few dark specks which I suppose to be the droppings of the prisoner. I very much regret it did not occur to me, to have taken his daily weight, and also that I was not sufficiently versed in science to have taken the strength and frequency of the little fellow's pulse, and his temperature. It would have been more "*scientific*," as well as more interesting. I have, however, carefully observed him every day, and sometimes two or three times in a day, and I have not been able to detect any emaciation or symptom of weakness, or irritability of temper in him, but he appears to be as active, and looks as plump and healthy as he did the day I dropped him into the box.

I propose to watch and observe him daily (if not prevented by Bergh), as long as he lives, if my life is spared.

W. Jones, M. D.

Newburgh, N. Y.

DISEASES OF NUTRITION.

"Mens Sana in Corpore Sano."—This is an old and trite observation, which, if rendered into modern Anglo-American, would read thus: A healthy body is necessary to a good mental and intellectual vigor. Not only is this true, but we may with great propriety and truthfulness assert that a man is not wholly himself, does not attain to all his possibilities in physical and intellectual vigor and manhood, when he is ill nourished and poorly fed. Something cannot be made from nothing nor can good structure be built from inferior material. When the secernents and emunctories are in good healthy functional activity, digestion well performed, the blood-making process unembarrassed by morbid elements, and pure, healthy, warm blood is coursing through every artery, capillary and tissue, carrying the best elements to every part, then is the brain active, the mind clear, the

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eye bright, the muscles firm, the body buoyant, and all its functions, physical and intellectual, performed with ease and strength. Under such conditions of perfect nutrition and assimilation man rises to his highest attainments and attributes, while conversely, under a lowered nutrition and consequent feeble vitality and mal-assimilation, he sinks to the lowest depths of human frailty. Undoubtedly very much, if not all, of imbecility, feeble state of mind, obliquities of moral sense, which exercise a predisposing influence to criminality, have their origin in these conditions of mal- and non-nutrition. Not only is this true, but the protean forms of disease, particularly the chronic varieties, such as paralysis, epilepsy, dyspepsia, scrofula, catarrhal states, tumors, morbid deposits, destructions of tissue, carcinoma, phthisis, amyloid and fatty degeneration, neurasthenia, morbid nervous states, neuralgia, hysteria, rheumatism, Bright's disease, womb-ills, and head ills, pains of the back and of the abdomen, and the thousand and one other ills of poor suffering humanity, are all the results of such causes obtaining and continuing generation after generation.

Do not understand me as meaning that these diseases are *per se* hereditary. But the conditions of habit and wrong-feeding transmitted from parent to child and continued, will at some time more or less remote produce their necessary results, as surely as effect succeeds cause. There are certain diseases, the zymotic and malarial, for instance, which are caused by certain specific germs or spores, which have their origin outside of the body, but even these are modified or rendered harmless, when the system is well fortified by proper nutrition. Now if the conditions of nutrition, or non-nutrition of the body play so important a part in the freedom from and the liability to diseases, the question arises: what are the proper foods by the use of which man may attain the highest nutrition and secure immunity from disease? In answer to this inquiry I may quote from a journal (*American Medical Weekly*) received since beginning this paper: "In taking a comprehensive view of the foods known to civilized man, it may be positively stated that such foods can be classified into two large groups; and there are no foods which do not properly belong to one or the other of these two classes. These groups are the nitrogenized and the non-nitrogenized, or the foods which contain nitrogen as an element of their composition, and those in which no nitrogen is found. The non-nitrogenized group of foods consists of those which contain sugar, starch, or fat. The nitrogenized group

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are those which do not contain sugar, starch, or fat. Having learned these facts, it is proper to determine the relative value of the foods which make these two great groups, viz., the relative value of nitrogenized and non-nitrogenized foods. We may assert as a well-established fact that while the non-nitrogenized are almost solely effective, and intended for the purpose of maintaining the animal temperature, the nitrogenized foods are consumed in repairing the natural wear and tear of the true tissues of the body. While animal temperature may be maintained, in those who subsist on an exclusively nitrogenized diet, repair of tissue-waste cannot be effected in those who consume only the non-nitrogenized foods. That is, man can live and maintain a vigorous existence on an exclusively nitrogenized diet; while on a diet of non-nitrogenized food he is unable to maintain life; such a diet being fatal if persistently and exclusively adopted."

In an animal fed exclusively on fatty foods, the hairs on the body are actually infiltrated with oil, and yet in a well-known period of time it is sure to die. With a saccharine diet the result is the same; and with a starch diet the fatal result is postponed, but is sure to occur. If these facts be applied to the study of the cereal foods, it will be found that the gluten, which is the nitrogenous element, is largely lost in their preparation, and only the starchy or non-nitrogenous element remains. Hence our flours are deprived of their nitrogenous elements, aud do not supply the proper elements for the perfect nutrition of the body. But these non-nitrogenous foods are more largely produced and are cheaper in the markets than the nitrogenous. Hence people consume a far greater proportion of the non-nitrogenous; their systems fail for lack of nutrition; and in this we have a sufficient reason for the great increase in the prevalence of the large class of diseases which I have named. Nor is this the only reason. It is a well-established fact that the non-nitrogenous foods are largely composed of carbon. In fact, carbon is by far the largest element in the composition. Oils, fats, sugars, starches; vegetables, and cereals largely composed of starch; fruits, largely composed of saccharine elements; and all fermented liquors, are largely carbonaceous or non-nitrogenous, and hence are not repairers of tissue-waste. What part do they perform in vital activity? Are they supporters or destroyers of vital action? I answer they are the latter—destroyers. In that unseen world which the microscope reveals to us there are

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two large classes of animal and vegetable life, known as Bacteria. These are the carbon-feeders and the nitrogen feeders. With the former, the carbon-feeders, we are mostly concerned, These have their habitat, or appropriate environment, in the nitrogen-elements and are the promoters of putrefaction.

To-day the world is full of chronic invalids. It is the exception to find a person of adult age who is not a sufferer from some malady, more or less obscure, which is indicative of some disorder of nutrition and assimilation. You question them in regard to their habits of life, and you find, as a rule, they are consumers, in a large excess, of the carbonaceous foods. Now the bacteria, the carbon-feeders, are omnipresent. They swarm in the air we breathe, and penetrate all the channels of the system wherever the carbon-elements are in excess, setting up their appropriate action, which is fermentation, and its consequent result the production of carbon gas which is always a paralyzer and a depresser of the vital activity. And it is wonderful with what rapidity this is often attained, and with what fatal results it is often attended.

I need not trespass farther on your time in the elucidation of this subject; although I might pursue it to a much greater length. But taking this view, and in the light of the facts as herein set forth, what are the plain indications in regard to the treatment of disease? Manifestly to restore by means of the nitrogenous elements the tissue-waste of the body; renewal of vitality through nutrition, or, as Dr. Chambers, of England, long ago expressed it, "*by renewal of the powers of life.* "I might cite numerous cases occurring within my observation and within my own practice which will serve as fitting illustrations.

In April, 1880, I was called to see a child of three years, with infantile paralysis. Both lower extremities from the knees downward were paralyzed, and showed arrest of development. In all other respects the child was large and seemed well-nourished. The history of the case disclosed the fact that the child had been thoroughly drugged for a long period of time, but with no improvement. No attention had been given to the proper regulation of the dietary, by either the parents or medical attendant. I gave a plan of dietetics and advised strict adherence, and also gave a simple prescription to stimulate the biliary secretion. In a short time the child began to improve, and went on to complete recovery, although the dietary

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was carelessly adhered to. After the child began to walk it was observed by the parents that within a few hours after the ingestion of cake, pie or fruit, it would weaken in its extremities, would fall, and for a time be unable to walk.

At a former meeting of this Association I gave a brief verbal statement in regard to the removal of a large uterine fibroid in a comparatively brief period of time, by a strict compliance with what I conceived to be the essential hygienic and dietetic conditions.

Within the past few weeks I was called to attend a case of paralysis in a gentleman of sixty years. He had been in his usual good health up to the previous evening. On arising in the morning he fell prostrate, and found that his right arm and leg were paralyzed. On inquiry, I learned that for a number of weeks he had subsisted on an exclusively non-nitrogenized diet, and during the previous evening had eaten two good-sized apples. I advised strict abstention from the carbon-food, a strictly nitrogenized diet, some stimulation by ammoniated drinks; and in a brief period of time the paralysis entirely disappeared.

Within the past year I have held two inquests on the bodies of vigorous young men, entirely free from any diseased state or condition; death occurring suddenly from complete paralysis of the life-forces, occasioned by free ingestion of beer. And in ending, let me pay my respects to beer, in the language of Mr. Robert Burton, in his *Anatomy of Melancholy*, when speaking of tobacco "Hellish, devilish, damned production—the ruin and overthrow of body and soul."
—Geo. B. Cook, M.D., in *Ohio Medical Journal.*

SODA, A REMEDY FOR BURNS AND SCALDS.

Accidental burns and scalds, even when not very severe, extensive, or dangerous, commonly cause so much pain for an indefinite time, depending probably as to duration and severity a good deal on the age of the sufferer, and on the greater or less degree of sensitiveness of the individual's skin or constitution—not forgetting the feverish reaction, and the dangerous internal secondary inflammations that

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are apt to follow in some cases—that any easily applied and quickly available remedy and relief, with perhaps the immediate necessity of calling in professional assistance, will be acknowledged as a boon by most persons; and especially so, when it is remembered that the sooner the agonizing burning pain in the part can be allayed, the less chance there is of dangerous secondary effects, besides sloughing, etc., so severely trying to children and old persons.

The usual first applications to these painful injuries, whether so-called *popular* remedies, or such as are usually recommended by members of the profession, are numerous enough, but can not unfortunately hitherto be considered as generally successful in giving certain and speedy relief from pain, and, too often, intense suffering. One friend will recommend that the parts be covered with flour from the dredger; another will advise fine cotten-wool, or wadding; another, starch in powder, or soap, or treacle, or the so-called Carron-oil, etc.; but hardly one of such applications can be said to give more than very uncertain or temporary relief from pain, although, perhaps, by occupying the attention of the sufferer, they may in this way prove of some *mental* benefit during his sufferings—being indeed employed really for want of anything better—although, in fact, some of these applications, such as treacle, flour, starch, etc., prove so disagreeable in their after-effects, being often difficult to remove and renew, as to add frequently to the poor patient's depression and suffering, owing to their adhering to the injured parts in dry cakes very irritating to the raw surface.

It is now many years ago (see the "*London Medical Gazette*" of March 1844) that the author of this paper, while engaged in some investigations as to the qualities and effects of the alkalies in inflammations of the skin, etc., was fortunate enough to discover that a saline lotion, or *saturated* solution of the bicarbonated soda in either plain water or camphorated water, if applied speedily, or as soon as possible, to a burned or scalded part, was most effectual in immediately relieving the acute burning pain; and when the burn was only superficial, or not severe, removing all pain in the course of a very short time; having also the very great advantage of cleanliness, and if applied at once, of preventing the usual consequences—a painful blistering of the skin, separation of the epidermis, and perhaps more or less of suppuration.

For this purpose, all that is necessary is to cut a piece of lint, or old soft rag, or even thick blotting-paper, of a size sufficient to cover

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the burned or scalded parts, and to keep it constantly well wetted with the sodaic lotion so as to prevent its drying. By this means, it usually happens that all pain ceases in from a quarter to half an hour, or even much less time.

When the main part of a limb, such as the hand and fore-arm or the foot and leg, has been burned, it is best, when practicable, to plunge the part at once into a jug, or pail, or other convenient vessel filled with the soda lotion, and keep it there until the pain subsides; or the limb may be swathed or encircled with a surgeon's cotton bandage previously soaked in the *saturated* solution, and kept constantly wetted with it, the relief being usually immediate, provided the solution be saturated and cold.

What is now usually sold as bicarbonate of soda is what I have commonly used and recommended; although this is well known to vary much in quality according to where it is manufactured—but it will be found to answer the purpose, although probably Howard's is most to be depended on, the common carbonate being to caustic. It is believed that a large proportion of medical practitioners are still unaware of the remarkable qualities of this easily applied remedy, which recommends itself for obvious reasons.—F. PEPPERCORNE, L. R. C. P., in *The Practitioner*.

HYSTERIA IN MAN.

Dr. F. Rebatel reports an interesting case of typical hystero-epilepsy (*Lyon Medical*, April 11, 1880), in a man aged 23 years. He was short in statute; nervous temperament extremely well marked and of neurotic decent—his father having died insane (perhaps of general paresis) and his mother having suffered from frequent nervous attacks. Although his general health was passably good, he was a hypochondriac, and thought he had symptoms of some new disease each morning. He showed signs of religious exaltation, but no psychical disturbances, properly speaking. Some months before, he had entered an establishment of the Brothers, having tired of worldly affairs.

He was admitted to hospital for a psoriasis localized about the knees. Here, without appreciable cause, he was taken with nervous attacks which were repeated at intervals, supposed to be epileptic in character.

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Before the attack, the patient complained of a feeling of sharp constriction of the throat; then, after some noisy expirations accompanied by anxious movements of the hands towards the larynx—as if to tear away some foreign body—he was taken with an exaggerated contraction of all the muscles of the posterior portion of the trunk, in such a manner as to bend the body so as to describe the arc of a circle so that it touched the bed only by the head and heels. While in this position, rapid movements of projection of the pelvis occurred the head was thrown from side to side, the arms beat the air right and left, and force had to be used to keep him upon his bed. This is the period of the hystero-epileptic crisis, called by Charcot, that of *clownism.*

Pressure upon the left testicle was tried, to see if it would not arrest the paroxysm; but if seemed to have the contrary effect. The patient soon became quiet, and showed only a little hebetude as a consequence.

The attack could not be confounded with one of epilepsy, for there was no initial cry, no foaming at the mouth, no tonic contractions, no absolute loss of consciousness—the patient feeling his attack coming on, remembered all about it and during its entire duration preserved a certain amount of his intelligence.

These attacks were repeated several times for three or four days, but they could not be prevented at will by pressure upon either testicle. They rapidly disappeared after he was put on bromide of potassium.

On careful investigation, it was found that there was absolute anæsthesia of both arms, face and trunk—in fact of the entire upper half of the body. A pin could be pushed through a fold of the skin without the patient perceiving it. The lower half of the body preserved its sensibility intact, and the transition from the sensitive to the anæsthetic parts was sudden.

The application of metallatherapy by means of bracelets formed of gold pieces, to the arms produced a return to ordinary sensibility in ten minutes. A few insensible places remained only upon the trunk. After a few applications, the return of sensibility became permanent, although the return was not complete. On pricking the skin, it was not perceived as pain until the deep layers were reached. While in this condition the patient claimed his discharge, and passed from observation.—*St. Louis Clinical Record.*

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THE TREATMENT OF ACUTE RHEUMATISM.

The treatment of simple acute articular rheumatism may be abandoneds palliative to and nature. Apart from complications, such cases nearly alwsys recover under rest and careful nursing. Try and disabuse yourselves of the idea that their cure is dependent upon medicines alone; to help nature is often the best we can do. No treatment was ever invented which stopped a case of acute articular rheumatism. It cannot be stopped by bleeding or sweating, or purging, by nitre, by tartar emetic, by guaiacum, by alkalies, by salines, by salicylic acid, or by anything else. The physician can palliate the pain and perhaps shorten the attack, can control and perhaps prevent complications and stiffness of the joints, but he cannot arrest the disease. Where rest, proper diet, and warmth are enjoined, most cases will get well just as soon without as with the use of medicinal methods. Purgatives have been used in all ages in the treatment of this disease, because it was thought to be a fever. We are all but too ready to put our necks into the yoke of a theory. In old times they thought that the system ought to be reduced. Before the time of purgatives depletion was employed. This mode of treatment I will not even discuss. There is no evidence of which I am cognizant in favor of purgatives. There are very good reasons, indeed, why they should not be used: (1). Because they cannot possibly cure; (2) because they oblige the patient to make painful movements; and (3) because they expose him to the dangers of cold. There are certain cases in which purgatives are alleged to be of use, viz: those in which the bowels are constipated, and there is a bitter taste in the mouth. I have never seen such cases except in habitual drunkards, and in such patients a purgative does more harm than allowing the effete matter to remain in the system. Opium was once vaunted as a specific, and it was claimed that it diminished the tendency to complications in the course of the disease. More recent experience has shown that opium, of all remedies, is the most likely to cause heart complications. Some have recommended colchicum, arguing that because it does good in gout, it must, therefore, do good in rheumatism. But colchicum is not a remedy for rheumatism. Many years ago it was very much the custom to administer large

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dosed of powerded Peruvian bark. The rationale of these large doses was founded upon their sedative effect. Never was there a more profligate waste of a precious medicine. I believe that it has also been fashionable in the so-called cases of hyperpyrexia to immerse the patient in a bath varying in temperature from sixty to ninety degrees. Although patients thus treated sometimes recovered, they also sometimes perished from congestion of the lungs and brain.

Among cardiac and nervous sedatives, digitalis, veratrum album and viride, veratria and aconite, have each, at one time or other, been employed indrscriminately. Such treatment, of course, has only proven itself to be a monument of rashness to those who employed it.

Within the last few years new remedies have been proclaimed in the shape of salicylic acid and its sodium salt. I confess that I possess no personal knowledge of their use in this disease, for I was at first dissuaded from employing them by a prejudice against the grounds on which they were recommended, and more recently by the contradictory judgments respecting them, and the unquestionable mischief they have sometimes caused.

It may be difficult to see the connection between blisters and alkalies in their power to influence the course of acute articular rheumatism, and yet it is certain that they do so influence it, and in the same way, *i. e.* by altering the condition of the blood from acid to alkaline. If you ask me to explain to you how blisters act in this way I am obliged to confess my ignorance. To produce this result they must be applied over all the effected joints. Experience, if not science, has decided conclusively in their favor. They do effect a cessation of the local symptoms, render the urine alkaline, and diminish the amount of fibrine in the blood.

This brings us to a consideration of the use of alkalies. Alkalies neutralize the acids, act as diuretics and eliminate the *materies morbi.* Alone, and in small doses, they are unable to influence the course of the disease; but when given in very large doses their effects are marvelous; the pulse falls, the urine is increased in quantity and becomes alkaline, and the inflammation subsides. The symptoms of the disease are moderated, the duration of the attack is shortened, and the cardiac complications are prevented. The dose of the alkalies

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must be increased until the acid secretions are neutralized. A very good combination of these remedies is the following :

℞. Sodæ bicarb..... ..... ℥ iss.
Potassæ. ace..... .... ℥ ss.
Acid. cit..... .....f. ℥ ss.
Aquæ ....f. ℥ ij.

S.—This dose should be repeated every three or for hours, until the urine becomes alkaline. On the subsidence of the active symptoms two grains of quinine may be added, with advantage, to each dose. The alkalies must be gradually discontinued, but the quinia continued. The diet should consist of beef tea or broth, with bread and milk; no solid food should be allowed. Woolen cloths moistened with alkaline solutions may, with advantage, be applied to the affected joints. To these laudanum may be added for its anodyne effect. The patient must be sedulously protected from vicissitudes of the temperature, and be in bed between blankets. The alkaline treatment relieves the pain, abates the fever, and saves the heart by lessening the amount of fibrine in the blood. A long time ago Dr. Owen Rees, of London, introduced the use of lemon juice. This remedy was thought to convert uric acid into urea, and to so help elimination. Though this treatment is practically correct, the theory of it is all wrong. Lemon juice does good in mild cases, but cannot be relied upon in severe attacks. During the fibrile stage of acute articular rheumatism the diet should consist mainly of farinaceous and mucilaginous preparations. with lemonade and carbonic acid water as drinks. The cloths applied to the joints should be changed when they become saturated with sweat, and in changing them the patient should be protected from the air. The sweating may be controlled by small doses of atropia, from the one-sixtieth to the one-twentieth of a grain. To prevent subsequent stiffness, the joints should be bathed with warm oil and chloroform, and wrapped in flannel cloths. In the proper season the condition is very well treated by sea-bathing. There is no specific plan of treatment in acute articalar rheumatism. The treatment pursued must vary according to the intensity of the inflammation and the peculiarities of the patients.—Alfred Stille, M.D., in *Medical Gazette.*

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The Mirror.

"What cannot stand must fall; and the measure of our sincerity, and therefore of the respect of men, is the amount of health and wealth we will hazard in the defence of our right." EMERSON.

MEDICAL LEGISLATION IN NEW YORK.

DURING the present session of the New York Legislature, several medical bills have been introduced through the instrumentality of the Allopathic State Medical Society, and strenuous efforts have been made to secure their passage. The main features of these bills are, first—To give the Board of Regents power to create Examining Boards, before whom all persons, beginning the practice of medicine in the State, would be obliged to pass examinations before receiving a license to practice; second—Defining what was meant by practice of physic and surgery.

On the other hand, a number of citizens have been making a united effort for the repeal of the doctors' law of 1880, which was smuggled through the Legislature during the last hours of its sitting. For the repeal of this law, a petition containing several thousand names was presented, and strong arguments in favor of the repeal were made before the respective Committees. The people demand the right to employ whom they please to treat them when sick, and have never asked for any legislation to protect them agsinst incompetent physicians. They further claim that it is a disgrace to the profession and the people of the State, to see physicians turning spies and informers, and pocketing half the fines imposed upon persons, who, in their own way, are striving to relieve humanity by means not employed by the medical profession.

Some regular (?) physicians, who are incompetent to sustain themselves in their profession, have of late been carrying on a

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business as spies and informers against unlicensed practitioners of the healing art. Between sixty and seventy persons have been prosecuted and fined under the law of 1880, for practising without license, and Dr. Sturgis, of this city, has been informer in the majority of these cases. Finding it difficult to continue in this office without more stringent laws against quackery (?) he and his allopathic brethren expected to have a new law passed by which they could prosecute and fine anyone who would even "suggest the use of any material or immaterial agent for the relief of any real or imaginary diseases." The passage of this bill was asked for on the plea that it was protecting the people, but in this case as in many others, the "people" meant Dr. Sturgis and his conferes, who were hungry for more fines, and who desired to rid themselves of persons who obtained more practice than they.

This time the public were watching their own interests, and the facts were presented to the Committees in such a manner, as to result in the defeat of these intolerant bills, and there is even a possibility that the law of 1880 will be repealed. A few more such set-backs as this will teach those men that the people are capable of looking after their own interests, and that, with all their organizations, they cannot encroach upon personal liberty.

From 1844 to 1874, no medical statute disgraced the statute-book of the State of New York, and during that time medicine made more rapid strides than during any period in American History. This has been true, not only of medicine, but of science in general in all parts of the world. Every step toward progress has been made, not only without, but in spite of legislation, and it is certainly a confession of weakness for any profession to ask protection by legislative enactments. A profession that cannot stand on its own merits deserves to fall, and it is only those who have neither the knowledge nor moral courage to do so, who ask for legislation of any kind. We believe the era of medical legislation is past, and especially in this State, and those who are anxious for such protection as these laws give them, will have to seek them in the more barbarous and despotic countries of Europe. Free America will repudiate all such attempts of despotism, and we shall unite with the liberty-loving people, and continue the fight until every medical law is swept from our statute-books; for we believe that then, and not till then, will medicine occupy its true position as a science.

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NATIONAL ECLECTIC MEDICAL ASSOCIATION.

The Twelfth Annual Meeting of the National Eclectic Medical Association will be held at Loomis's Temple, New Haven, Conn., beginning on Wednesday, June 21, 1882. Business of vital importance to the Eclectic School of Practice is to be transacted; and the meeting will be eventful in our history. The auxiliary State Societies are entitled to fifteen and the local Societies and Colleges to two delegates, each, who have the opportunity thus to become permannently affiliated.

Members making reports or having papers assigned to them, will please have them in readiness to be given to the Secretary of the Section and to read before the meeting. The notices have been duly mailed to every member of the Association.

It is desired that the journals in sympathy with the cause will duly announce the meeting.

The Ninth Volume of *Transactions of the National Eclectic Medical Association* is in press, with the purpose of being completed and in hand before the meeting.

A. Wilder, *Secretary.*

WISCONSIN.

The Wisconsin State Eclectic Medical Society will meet at Watertown, Wis., June 6th, 1882, and it is expected that every member of the society as well as every Eclectic in the State will be present.

As we have already a healthy State organization, to maintain the same it is the duty as well the interest of each and all to make any sacrifice to attend this session, as there is much business of importance to be transacted.

The election of officers for the ensuing year; the appointment of delegates to the National Convention, which is to be held in New Haven, Conn., June 19th, 20th and 21st, and the election of such delegates is of great importance to our State Association. The

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reports of the different committees; the reports on legislation; and the admitting of new members will constitute business of importance to every member, and is business that must be transacted.

Every member will be expected to furnish an essay, case in practice, or remarks for the good of the society, and every member should if possible, furnish cases for examination.

Cases in practice, essays and remarks must be confined within the limits of fifteen minutes, if possible, thus giving the society ample room to transact all business before the society.

MICHIGAN.

The State Eclectic Medical and Surgical Society, of Michigan, will hold its Sixth Annual Meeting, in the City of Detroit, on the "last Wednesday in May," 1882, (the 31st) commencing at 11 o'clock, A. M., and will continue in session two days.

The place of meeting will be, at Kermott's Hall, 208 Woodward Avenue. Headquarters will be at the Antisdell House.

Papers will be given upon Surgical Cases in Practice; Goitre, its Pathology and Treatment; Puerperal Fever; Typho-Malarial Fever; Therapeutic Electricity; Obstetrics; Action of Remedies; Scarlatina; Etc.

Eclectic physicians of Michigan should understand, if their brethren of the exclusive schools do not, that laws regulating the practice of medicine cannot interfere with the members of this Society.

OHIO.

The Ohio State Eclectic Medical Association will meet in Twenty-five Annual Convention, this year, at Cincinnati, on Tuesday, the 6th day of June, 1882, at one o'clock P. M., in the Hall of the Eclectic Medical Institute, to organize and to continue in session throught the succeeding day.

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After organizing, the society will adjourn and proceed in a body to visit the various departments of the Cincinnati Hospital, the rooms of the Natural History Society, and other public institutions of medical interest in the City. The evening will be devoted to the Commencement exercises of the Eclectic Medical Institute, to the held in Robinson's Opera House. This part of the programme promises to be especially entertaining.

Wednesday will be occupied with the legitimate business of the Association, the time being divided between the address of the President, Reports, Reading of Essays, Discussions, Elections of Officers, and Miscellaneous Business. During the mid-day recess the members are cordially invited to partake of a dinner at Keppler's. The banquet is to be given by friends of the Association in Cincinnati, and will prove an enjoyable affair.

VICTIMS OF MISPLACED CONFIDENCE.

A PRIVATE letter from an eminent Eclectic of Ohio, says: "I agree with you that Medical Legislation is a curse to the physician and to the people. This was demonstrated years ago, when Medicine was confined within the limits of apron-stringed legislative "Protection "(?) You rather surprise me relative to the proposed bill of the Purgatory School to meet the exigencies in New York, who are the originators—Eclectics, Homeopathists, or the self-styled "regulars?" [That question answers itself.—ED.]

"Thanks to the Hon. A. D. Licey, of the House of Representatives of Ohio, *their* Board of Health Bill, and Bill for regulating Medicine and Physicians, have been again buried. They were so certain of success that Columbus was filled with "Old-School physicians," to organize the Board of Health, and prepare to give outsiders fits. Since these bills have been defeated, they have shown their true animus by writing insulting and disgraceful letters to Mr. Licey. Is it by such a course that Science or Truth expects to win? All honor to Mr. Licey, who stands up, not for Eclectics, not for Homeopathists, not for Allopathists, but for the head, free and correct principles of our American government. To show the folly

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of their petition, he prepared a bill for a Board of Law, to attend to the morals of the people and to divorces. O for at least one such true man to stand up in your New York Legislature, which for years past has been acting in favor of oppression, tyranny and monopoly."

A statement of the ballot in the case of each candidate shall be delivered.

OBITUARY.

CHARLES ROBERT DARWIN.

THE celebrated naturalist and scientist, Charles Darwin, died at his residence, Down House, Kent, England, on the 20th day of April, 1882.

He was born at Shrewsbery, England, February 12, 1809, and was consequently past seventy-three years of age at the time of his death.

His love for scientific research won for him the distinction of being the foremost biologist of modern times; and no scientific writer has been more honored and quoted by the scholars of the age, or more misrepresented and misunderstood by the bigoted and ignorant theologians and their followers.

Mr. Darwin graduated from Christ's College, Cambridge, in 1831, and in the same year he accompanied the ship *Beagle*, in her scientific circumnavigation of the globe, as the naturalist of the expedition. On his return to England he published a journal of the voyage. He afterward prosecuted his scientific investigations in England. He published "The Structure and Distribution of Coral Reefs," 1842; "Geological Observations on Volcanic Islands," 1844; "Geological Observations in South America," 1846: and in 1851–1853, a "Monograph of the Family Cirrhipedia;" and "Fossil Species" in 1859. His "Origin of Species, by Means of Natural Selection," published in 1859, was translated into many European languages, and gave rise to much controversy. In 1862 he published a work on the "Fertilization of Orchids," and in 1868 on the "Variation of Animals and Plants Under Domestication." In 1871 he gave to

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the world his treatise on the "Descent of Man and Selection in Relation to Sex." He has since published many separate papers, notably on "The Geology of the Falkland Islands;" "The Formation of Vegetable Mould Through the Action of Worms;" "On the Expression of the Emotions in Men and Animals," and on "Volcanic Phenomena," and "The Distribution of Erratic Boulders," both the latter relating to South America. He received the Copley and the Royal medals from the Royal Society, and the Wollaston Palladian medal from the Geological Society. He was elected a member of various English and foreign bodies, was made a Knight of the Order "Pour la Merite," by the Prussian Government, a corresponding member of the Academy of Vienna, 1871, and had conferred upon him the degree M. D., by the University of Leyden, in 1875, and the degree of LL. D., by the University of Cambridge in 1877. In the following year he was elected a corresponding member of the French Academy of Sciences.

French Treatment of Itch.—At present itch is cured in one hour and a half (at St. Louis Hospital). The first half-hour the patient absolutely nude, rubs himself from head, or rather neck, to foot with soft soap. The second half-hour he is put into a tepid bath, where he continues the soft soap frictions. The third half-hour he rubs his body with Helmerich's sulpho-alkaline ointment. He puts on his clothes without washing off the ointment, so as to keep it in contact with the surface for twenty-four hours. While the patient is treating himself, his clothes are purified in a specially-constructed stove, at a temperature of 120°, and exposed to sulphur vapour. Four thousand itch patients are treated here (St. Louis) annually. The hospital treatment is a rough one, and sometimes causes attacks of eczema. It may be mitigated thus: toilet soap is substituted for soft soap, and Hardy's modification of Helmerich's ointment used—lard, 100 parts; sulphur, 16 parts; bicarbonate of potash, 8 parts, by weight. The patients should have his sheets and all under-linen changed immediately.—*Medical Times, from Gaz. de Hopit.*

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NEW PUBLICATIONS.

MARRIAGE AND PARENTAGE.*

The author of this little work, though he has seen fit to conceal his name might not have been ashamed to place it on the title page. He has given us a work on Marriage and Parentage, entirely different from the average work on these subjects, and he clearly shows the reader that he has thought and read extensively on these important questions. The introductory chapter gives a brief statement of the statue of marriage in the different ages and among the different savage tribes of the world, in which he shows that marriage became more perfect with the advance of civilization. He concludes his introduction as follows: "It becomes the question now how much farther it may be improved, and the question arises in the thoughtful mind whether the next step shall not be to render marriage sanitary and physiological, and whether there is not here room for an improvement greater than any which has yet been made." He next discusses the duality of the sexes and the objects and basis of marriage. He says about the basis of marriage: "Love is older than sanitary science, and can never be replaced by it, however much it may aid and perfect it. There ought to be more of it in the world—of the good old-fashioned kind which permeates every fibre of the being and glows with a brightness not tarnished by the slight trials of life. It must not, however, be mistaken for sentiment, for admiration, for an idle fancy. It is more than all these. It goes to the very core of the being; while the others are superficial, transparent, fleeting. But, in order that there may be love, there must be adaptation. The parties must be going the same way in life. They must have similar tastes, aspirations hopes and desires. One must not be a devoted and the other an infidel. One must not love tobacco and the other hate it. One must not be an advocate of

*Marriage and Parentage. By a Physician and Sanitarian. New York: M. L. Holbrook & Co., 1882.

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temperance and the other of drinking. One must not be highly educated and the other an ignoramus, with no love for knowledge or wisdom. Extremes of belief do not go well together. It is not necessary that the wedded pair should be alike in all things. One may love art and the other care nothing for it. One may be a musician, the other a microscopist, and yet perfect harmony exist, if each respects the tastes of the other as much as his or her own. Indeed, it is far better that differences like these should exist, otherwise there might be too much monotony in their lives, too much sameness and devotion to one special line of thought and work. These differences give a zest to love and make it broader and grander. The dissimilarities should be such as will increase love, rather than diminish it. If one is an ardent Catholic and the other an ardent Protestant, then each may hate the other's faith, and soon learn to hate one another, too. But if one is a fine botanist and the other a fine physiologist there will be no mutual hate, but each may and probably will respect the other."

In the fourth chapter, due attention is given to tempermental adaptation, but no reference is made to Dr. Bird Powell, whose writings on this subject are much more thorough than those of the authors quoted.

Reproduction, heredity, and sanitary parentage are also discussed in the light of modern science and evidently with a thorough knowledge of the subjects. In a few minor points we might differ from the author, but on the whole we take pleasure in endorsing his work and recommending its careful perusal by all who have any interest in improving the physical condition of mankind.

OPIUM AND ALCOHOL.*

Under the title of "Opiumania and Dipsomania," the author has given us a full description of the effects upon the human system of the habitual use of opium and it compounds, alcohol, chloral-hydrate,

*The Opium Habit and Alcoholism. By Dr. Fred. Herman Hubbard. New York: A. S. Barnes & Co., 1882.

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chloroform, bromide of potassium and cannibas indica, and the various complications to which these drugs give rise. In the light of a professional work, we cannot say that it is a success. It contains nothing but what any physician of average intelligence already knows, and the treatment throughout, with but few exceptions, is entirely behind the age. The author would do well to study brevity in his reports of cases, if he does not desire to get the reputation of writing against space. He would also find his reputation as a scholar materially advanced by observing more care in the writing of his prescriptions. The manner in which he mixes up the English and Latin names of drugs and his entire disregard of the proper use of the genitive case, could only be equalled by the student who had attended a month's lectures in a medical college. We do not object to a physician writing his prescriptions in plain English, but we do decidedly object to such prescription writing as is found in the volume before us, especially from one who attempts to instruct the profession.

The non-professional reader might obtain some information from this work, but so far as we can see the profession have no use for it.

THE CASE OF GUITEAU.*

The trial of Guiteau for the killing of President Garfield and the expert testimony in the case naturally attracted a large share of public attention. The medical profession had a special interest in the case, for the reason that a large number who had carefully watched the proceedings from the beginning, conscientiously believed the murderer sufficiently insane to be irresponsible for the act.

In the pamphlet before us Dr. Beard expresses himself very positively regarding the insanity of Guiteau. He says: "The special type of his insanity is what is commonly and correctly called "religious monomania,' although only part of his delusions were of a distinctively religious character, yet all, when traced to their

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* The case of Guiteau. A Psychological Study. By Geo. M. Beard, M. D. Reprint from the Journal of Nervous Diseases.

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ultimate radicals, had a religious origin and were complicated with distinctively religious illusions, from which he was never free." He also very justly says: "In the presence of political assassination, science and law and reason are alike dumb; for politics, like religion, is rooted in emotion. Not until weeks had elapsed after the murder of General Garfield, was it possible for cold and resolute and disciplined natures to consider the question of the insanity of the murderer." The doctor touches the key-note of the whole trial by these words. Had Guiteau killed an ordinary citizen instead of the President of the United States, he would have been confined to an insane asylum even without a trial. But as it was, public sentiment would not have been satisfied with anything short of the verdict which the jury rendered. The masses of the people who know nothing about insanity, the power of the government, the eloquence of able lawyers and well-paid self-styled experts, were all concerned in bringing in a verdict of "guilty" without any desire of arriving at the truth of the case. They accomplished the end they desired and it is probable Guiteau will suffer the extreme penalty of the law. When it is all over, cooler judgment will consider the truth of Dr. Beard's view of the case, when it is too late to free American jurisprudence of the outrage of hanging an irresponsible man. We give below a few sentences from Dr. Beard's pamphlet and we advise our readers to carefully study the whole paper at their leisure.

He says: "It is quite safe to assert that there is not in any insane asylum in this country, a prison who has given as much evidence of monomania, before he was committed, as Guiteau had given before he murdered President Garfield or before he went to Washington to seek for office." Again he says: "There is no asylum in the world —public or private—that would not have taken Guiteau at once, at any time during the past twenty years and kept him as long as his friends desired to have him remain, on the certificate of any physicians who might, or might not, have known anything about his insanity." In another place, he says: "It is further evidence of the progress that our country has made in science, as well as in civilization, that authorities on the nervous system could be found to testify for science against the mob; and that of our leading authorities in diseases of the nervous system, not one testified that Guiteau was sane."

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Dr. Beard deserves credit for his manly utterance in regard to this case, and it is to be hoped that such expressions of opinion will prevent the conviction of many more insane criminals.

THE TRANCE STATE IN INEBRIETY.*

This pamphlet contains the substance of a paper read before the Medico-legal Society, November 2, 1881, with an introduction by Dr. Geo. M. Beard, of New York. Dr. Crothers' experience in the treatment of inebriates fully qualifies him for writing intelligently on this subject. He discusses the question of the trance state of inebriates by briefly reporting cases, which he follows by well digested comments on the symptoms and conditions that are manifested; and sums up the facts mentioned by the following propositions:

1. Inebriety must be recognized as a condition of legal irresponsibility to a certain extent, depending on the character and circumstances of the case, and the general mental integrity displayed.

2. All unusual acts or crimes committed by inebriates, either in a state of partial coma or alleged amnesia, which come under legal recognition, should receive thorough study by competent physicians before the legal responsibility can be determined.

3. Whenever the trance state is established beyond doubt, he is both legally and practically irresponsible for his acts during this period. And each case should be measured by the facts of its individual history.

4. Inebriety is a disease requiring physical means in the treatment. Society demands of the patient that he use diligence to recover, and so far as he may neglect this, both himself and community are responsible.

5. It is the duty of the State to provide asylums and encourage private enterprise to furnish the means and appliances for restoration.

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*The Trance State in Inebriety. Its Medico-legal Relations. By T. D. Crothers, M. D., Hartford, Conn., 1882.

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6. Lastly, standing on this border-land, and looking back at the monstrous injustice and legal crime that is daily committed in the punishment of inebriates, who are practically insane, I am convinced that the time has come for revolution of sentiment and practice, in which both the inebriate and the community must be held responsible, not only for his acts, or the consequences of them, but the causes and conditions which have developed in this way; then the victim will be forced to avail himself of every means for prevention restoration and recovery."

DISEASE OF CHILDREN.*

The volume before us is the March number of Wood's Library of Standard Medical Authors. It is composed almost exclusively of the personal experience of the author in the treatment of diseases of children, extending over a period of 37 years. The introductory chapter on the methods of examinations recounts many difficulties the physician has to contend with in making a satisfactory examination upon which to base his diagnosis in this class of diseases, and many of the authors methods are deserving of invitation. The diseases of the new-born and the diseases of infancy are carefully considered in separate chapters, and the various diseases of the system incidental to childhood are taken up in turn and a number of well-selected cases on each form of disease are reported, which cannot fail to prove valuable aids to the young physician, who still lacks the experience to depend entirely upon his own resources.

The author deserves credit for omitting extended routine treatment, which so often constitutes a large part of such volumes. His general instructions for the management of the diseases and the suggestions as to the class of remedies to be used are logical, and in the main the special remedy suggested are among the best that can be employed. We might take exceptions to a few of his remedies and their applications, but these are trifling matters in comparison with the

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* Lectures on Diseases of Children. A Hand-book for Physicians and Students. By Edward Henoch, M.D. New York: William Wood & Co., 1882.

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general merits of the work. We commend his plan of compelling physicians to think for themselves in selecting their own remedies as every intelligent man ought to be able to do who understands anything of materia medica and the therapeutic action of drugs.

MATERIA MEDICA AND THERAPEUTICS.*

This volume is the fourth of Wood's Library for 1882 and is on a subject upon which we have already a large number of valuable text-books. The author from his position as a teacher of Materia Medica in the Westminister Hospital Medical School, should be well qualified for preparing a practical work on Materia Medica and Therapeutics. The present volume is devoted entirely to inorganic substances. Each article discussed is minutely described and the therapeutic actions in the various diseases and conditions to which it is applicable are recorded with great accuracy. The chapter on oxygen and ozone is especially deserving of careful consideration for the reason that too little attention has been given to the therapeutic action of pure oxygen or its active principal ozone. The volume is edited and adapted to the United States Pharmacopia, by Dr. Lawrence Johnson, of the Medical Department of the University of the City of New York, who has thus made it valuable as a text-book for American Students.

TER FROM COLUMBUS, KANSAS, SAYS:—Thanks for publications on Anti-Vaccination. I will pass them round among the doctors here. There are many in this region opposed to Vaccination. A man was vaccinated here from scabs on his children, and died from the disease enacted.

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*Materia Medica and Therapeutics. By Charles D. F. Phillips, M.D. New York: William Wood & Co., 1882.

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The Medical Tribune.

VOL. IV. JUNE, 1882. No. 6.

THERAPEUTICS OF PODOPHYLLUM.

In a recent article in the MEDICAL TRIBUNE I discussed the more obvious physiological and pathological effects of mandrake.* We will now take a look at its therapeutic uses. No remedy probably, not even mercury, has been more abused in its use by improper and excessive dosage. While covering an extended range of action it is by no means a panacea, and will often fail even as a purgative unless prescribed understandingly.

Podophyllin is the concentrated medicinal principle of podophyllum and is usually to be preferred in administration, although in some cases the tincture is better. When its cathartic effect is desired it may be given in the following combination: Take of podophyllin, one grain, leptandrin and juglandin, each, a half-grain, cimicifugin and oil of capsicum, each, a quarter-grain; mix and divide into eight pills, of which one can be taken at bedtime. If it is desired to get a more rapid effect, a grain of podophyllin may be administered, although in most persons this will be apt to produce nausea, pains in the small intestines, and tenesmus. When used to correct a tendency to constipation a quarter-grain pill every night will restore functional activity, in cases for which podophyllin is indicated, better than larger doses. Experience shows the propriety of diminishing,

* A NEW LOOK AT AN OLD REMEDY. MEDICAL TRIBUNE, March, 1882.

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not increasing the successive doses. Podophyllin is indicated where the fault is in the duodenum, but especially in the jejunum and ileum. Podophyllin, it must be remembered, is an uncertain purgative both as to quantity and time. A dose that will purge one person violently may be entirely inoperative on another, merely causing frequent, ineffectual urging. Again, as to time, it will often purge in three or four hours, while given to other patients it requires twenty to thirty hours.

The evacuations from podophyllin are very rarely watery They are always fœcal at first, followed by a pea-soup-like evacuation similar to that produced by the continued use of colchicum, but of a much brighter color. A quart of golden-yellow fluid yeilding the usual reactions to bile tests will often follow a single grain dose. Sometimes the discharge is much freer the second day than at first.

It may be administered hypodermically, being perfectly soluble in equal parts of liquor potassa and water; and, if the drug is pure, the addition of water does not precipitate this solution. One-tenth grain thus given acts quickly without griping or other untoward results.

In the constipation of phthisis, which most frequently has its rise from fatty liver, podophyllin in aperient doses is of marked benefit in all stages of the disease.

Podophyllin should never be used as a simple aperient to remove matters from the cæcum and colon.

Podophyllin is very useful in obstinate infantile constipation, especially occurring after an attack of diarrhœa, the stool being hard, dry, nodulated and crumbling, of a light color, but often streaked green. This condition is very apt to occur in infants that are not properly suckled. There is generally considerable distension of the abdomen by gas, frequent colic, and great pain in voiding the fæces. In this condition podophyllin administered in one-hundreth grain doses is a most effectual treatment. The dose may be repeated two or three times a day, just sufficient to secure one or two motions.

You will find podophyllin of very great service in several forms of diarrhœa. As for instance, in a case of this kind: you are called to attend a child, whom you find lying in a kind of stupor, rolling its head, eyes closed, moaning continuously, stools very offensive, smelling like rotten meat, and of a dark color. The child has great thirst but no appetite, and all the symptoms have a tendency to be more

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severe between five A.M. and noon than at other times. Such a case will be greatly helped by minute doses of podophyllin. It should be prepared for use by dissolving a single grain in an ounce and a half of alcohol. One or two drops of this solution is put in an ounce of water and a teaspoonful administered every one or two hours.

Children sometimes suffer with severe colic every morning, followed by a green, sour stool with severe straining, and succeeded by tenesmus and pain in the back. If this condition is allowed to persist, the child becomes prostrated and the stools more and more mucus and are often streaked with blood. At any stage of this condition the above alcoholic solution given in drop doses two or three times a day will prove curative.

Diarrhœa in children, occurring only in the morning is significant of this drug, no matter what the special character of the motion.

In children especially, podophyllum reaches over and benefits rectal disorders. It has a feeble affinity for the colon, and is of little or no value in ordinary dysentery; but when dysenteric diarrhœa seems dependent upon inflammatory irritation of the rectum, it will prove of great value. This is generally associated with painful prolapse of the rectum after each stool. When this condition occurs, or in simple prolapsus recti from debility, you will obtain very gratifying results from minute doses of this drug. It will be of service occasionally in cholera-infantum, when the general characteristics of the attack indicate it.

But the use of podophyllin in diarrhœa is not confined to children. Cholera morbus, cholera nostra, and even asiatic cholera, when there is spasmodic retraction of the abdominal muscles, spasmodic tenesmus, prolapsus ani, and astonishingly profuse alvine discharges may be treated successfully by podophyllin. I have already called attention to the morning exacerbation diagnostic of podophyllin. To be sure other drugs possess this feature. Rumex crispus is useful in morning diarrhœa when the stool is brown or dark colored, with pain in the abdomen before and relieved by stool, pain under each clavical, and cough occurring in long paroxysms, frequent and continuous, worse at night in bed. Nuphar lutea is useful in painless, yellow, morning diarrhœa, followed by stitching pain in the rectum and burning at the anus, especially when associated with atony of the generative organs. Copaiva is indicated in an involuntary, white, morning diarrhœa, with chilliness (followed by fever every forenoon),

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and severe tormina obliging the patient to bend double. Bryonia has early morning diarrhœa, smelling like rotten cheese, though the bryonia diarrhœa is apt to occur involuntarily in bed. The characteristics of aloes and sulphur you are already familiar with (page 115). Podophyllin will generally cure morning diarrhœa either of high colored, or pale, watery, or even frothy motions when accompanied by severe cutting pain relieved by external warmth, with tenesmus and faintness more or less pronounced after stool, compelling the patient to leave his bed several times, but improving after breakfast and disappearing by noon; sometimes the attack ceases upon eating breakfast, but recurs early next morning. Such states sometimes persist for years; but, even in the worst cases, a drop or two of the solution just mentioned in an ounce of water several times a day will soon put an end to the whole trouble. In these cases there is hyperæmia, more or less intense, effecting the duodenum chiefly, not extending beyond the ileo-cæcal valve, and sometimes degenerating into ulceration. This is the condition of the intestines in typhoid or enteric fever with hypertrophy and ulceration of glandular structures elsewhere (mesenteries and spleen), and podophyllin is often indicated in the treatment; but not as frequently as iris versicolor, leptandra, or baptisia. If indicated it must be given very dilute, not stronger than 3 x trituration, a grain in an ounce of water, drachm doses every two hours.

It is of more frequent service in remittent fever. It is admirably adapted to this form of fever as developed in our Western States, where it is known as *bilious fever*. No drug in our list is so often indicated, especially when the chill is in the morning, with headache before the chill, and a sensation of coldness even in the midst of the fever. But, except in the very robust and plethoric, more harm will be done than good, unless great care be taken as to the dose. Generally the best results will be obtained from a few drops of the before-mentioned solution in two ounces of water, a drachm every hour or two. Should hepatitis or splenitis supervene podophyllin would still be indicated. Drowsiness by day and restlessness at night is characteristic for it.

In infantile remittent it will often replace gelsemium and leptandra.

In intermittent fever, while no claim is set up for it as an antiperiodic, there is a valuable consenses of clinical experience in

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its favor. All of our writers, Morrow, King, Jones, Scudder, Goss and Coe speak highly of it here. Prof. Morrow, thirty years ago wrote thus:

In the treatment of various kinds of intermittent, as well as in some of the continued fevers, I have had frequent opportunities to test its value, during the past summer and fall. In every variety of case, which is characterized by much hepatic torpor and congestion of the portal circle, it has manifested a superior controlling power, appearing to arouse the torpid energies of the liver and restoring very promptly its lost functions.—*Eclectic Medical Journal*, January, 1849.

Dr. Grover Coe uses it in larger doses—two grains—and therefore speaks of it as contra-indicated when the bowels are congested,—just where in small doses it is so valuable. He says:

Of the special employment of podophyllin in the treatment of disease, we would mention fevers generally as affording frequent and decided indications for the use of this remedy. In the treatment of fever and ague, we almost invariably precede the employment of other remedies by the free exhibition of podophyllin. By so doing, in this climates, we cut the disease short at once, and often times have no occasion for further medication. We have known many cases of intermittent fever to yield to a single dose of podophyllin, and we have no doubt that the credit of cure is frequently due to this agent, when it is attributed to other means.—*Concentrated Organic Remedies.*

You must, not however, put too much faith in this remedy in intermittents. Its curative power here is like that of iris versicolor and leptandra exerted on the disheartened and fatigued liver, and not against the miasmal poison lurking in the blood. You will find it therefore an excellent intercurrent remedy in all cases when the gastric, hepatic, and intestinal symptom indicate it, used in connection with quinine, arsenic, cedron, eucalyptus, phloridzin, salicin, or cornin as may be indicated.

In the early stage of exanthematous fevers, podophyllin in moderate dosage will deprive them of much of their malignancy; but the practitioner must be guided here entirely by the objective symptoms. When properly given, it prepares the system for the more prompt and certain action of other remedies. The early expulsion of acrid morbid accumulations, the perpetuating cause of the febrile excitement reduces the liability to local congestion.

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Beginning now at the buccal cavity, we will examine the ailments of the upper portion of the digestive tract which are amenable to podophyllin. It cures many mouth symptoms that are simply the expression of disease elsewhere, but beside these there are idiopathic conditions which it ameliorates and cures. These are ptyalism including mercurial; nursing sore-mouth; canker in the mouth, when not due to alcoholic abuse; and other minor inflamed states of the gums, tongue, and buccal mucous membrane. It is best used as a mouth-wash, ten drops of the solution mention to an ounce of water. Five-drop doses of the solution, two or three times a day, have a remarkably stimulating effect on the gustatory nerves.

It has made undoubted cures of goitre, as well as of tonsilitis and sore throat. In these two last complaints, the disease first manifests itself on the right side and then passes over to the left, it is worse in the morning, there is special difficulty in swallowing liquids, and the tissues are painfully dry. It is however rather a *dernier resort* than an accepted and reliable remedy in throat and mouth complaints, which are covered so beautifully by drugs acting specifically on these tissues.

Podophyllin is of direct value in dyspepsia, attended by regurgitation of food, belching of hot acrid flatus, and soreness of the stomach; in chronic gastritis, with vomiting after each meal, heartburn, and a sensation of heat and hollowness in the left hypogastric, and in gastric irritation from teething, showing itself reflexly by grinding of the teeth, rolling of the head, with perspiration on the head and coldness of the face, and moaning. Dose: a few drops of the solution in an ounce of water, a drachm every three hours.

Podophyllin is very useful in some forms of sick headache. When it is worse in the morning, with heat and soreness in the vertex; or, when it is preceded, accompanied, or followed by a dark-colored, bilious diarrhœa; or, when it alternates with diarrhœa, disappearing as soon as the diarrhœa comes on; or when there is a stunning headache, across the front of the head, relieved by pressure, with flushed face, one-hundreth of a grain doses, two or three times a day, will greatly mitigate the pain, prolong the interval between the attacks, and in most cases prove curative. Sometimes paroxysms of headache occur just before, during, or directly after the menstrual period, and if associated with inertia of the bowels and dark bilious motions, a

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grain of podophyllin, or enough to produce a free purge, every other day, for several successive doses, will often give relief.

While podophyllin especially affects the liver, it is not indicated in acute hepatitis. In other words, it is in torpidity of the liver and not in vascularity that its chief curative action lies. Where there is lack of secretory power in the hepatic cells, or of propulsive force in the biliary ducts, the tenth of a grain dose, once or twice a day, will speedily restore the functional ability of these parts. Some persons are so sentitive to the action of podophyllin that even these small doses produce diarrhœa, in that case the medicine must at once be discontinued.

Quite frequently, however, in torpidity of the liver with nervous irritability, ulceration of the mouth, diarrhœa or costiveness, or both alternately, and depression of spirits, a single cathartic dose will wipe the whole trouble out of existence. Strange as it may appear, in engorgement of the liver, after a free evacuation of bile by this drug, a second dose, if given within two or three days, produces no effect whatever, not even purging.

When there are obstructions in the gall-duct, as in the case of gall-stones, podophyllin, in connected with olive oil and the external application of heat, will speedily break up the paroxysm. The pain attending the passage of gall-stones is always very severe, commences suddenly and terminates suddenly, and is thus distinguished from colicy pains and also by being more local in character. During the paroxysms of pain there is usually nausea, but vomiting rarely takes place spontaneously. There is alternating constipation and diarrhœa, emaciation, sallowness, and scanty, high-colored urine. In these cases there is always danger of fatal blood poisoning by retention of the bile, and immediate and prompt relief is demanded. Give at once two or three ounces of olive oil and at bed time two grains of podophyllin. Make constant applications of flannel wrung out of hot water, across the seat of pain. In the morning there will usually be vomiting of bilious matters. After this has subsided, give four ounces of olive oil. Probably within four or five hours the patient will have a profuse bilious evacuation, and this will be followed by others. Patients have been known to void as many as two hundred concretions, varying in size from that of a small pea to that of a hazel-nut. At night, give three ounces of olive oil, to prev[illegible] lodgement of any of the concretions in the bowels, where th[illegible]

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be likely to give rise to enteritis. The patient will be left in an exhausted condition by this treatment and the previous suffering and hydrastis, leptandra, or some some other remedy, with aconite for the local inflammation may be necessary to complete the case.

In cirrhosis, colloid degeneration of the liver, and yellow atrophy, podophyllin in twentieth of grain doses, alternated with leptandra, chionanthus, or phytolacca, or in case of inflammatory action, aconite will be found very efficacious.

In hypertrophy of the lymphatic vessels, podophyllin in the same doses may be alternated with phytolacca with great benefit.

In chronic cystitis, and in suppression and retention of urine, it is of great value. Dr. Grover Coe mentions a case in which the catheter had been used, on an average, twelve times in twenty-four hours, for four weeks, and which was promptly and permanently relieved by a single dose of podophyllin, rendering the further use of the catheter unnecessary. It is also of value in frequent nocturnal urination during pregnancy, especially when the desire is urgent and the amount voided is small. Also, in involuntary discharge of urine during sleep. In these latter instanҫes it acts on the sphincter vesicæ as we have already seen it on the sphincter ani; and in Dr. Coe's case by restoring the secretory power of the kidneys, as we saw just now it did in the biliary apparatus. It is very effectual in preventing uric acid deposits and removes the diathesis giving rise to abnormal formation of that constituent. It is valuable in all calculous affections, arousing the kidneys to healthier action. This is often followed by profuse urine, highly charged with calculous sediment.

It is perhaps here that we have an explanation of its value in acute rheumatism, in which podophyllin combined with the alkaline treatment is so remarkably successful. Given in small doses, every three or four hours, until the bowels are moved very freely several times, it will break up the worst attacks usually in three days. As soon as free evacuations are obtained, the relief is frequently marvellous; the joint-pains disappear, the pyrexia is greatly mitigated, and refreshing sleep is secured. But sometimes astonishingly large doses are required, and the more severe the case the more of the drug will be needed.

It is best to give it on alternate days, and small doses of dyalized iron may be given on the intermediate days. This treatment seems to act best in the most acute cases. It does not owe its anti-rheumatic

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value to its cathartic effect, as other purgatives may be given without appreciable result. The alkaline treatment referred to, consists in sponging the entire body with alkalized water. For this purpose carbonate of soda, saleratus, or hard-wood ashes may be employed. The last is the best and may be used in the proportion of two ounces to a pint of boiling water, applied at a temperature of 110 degrees Fahr., and the skin afterwards thoroughly rubbed with a dry towel.

The question of its direct influence on the organs of generation is yet an open one. It is certainly curative in uterine diseases associated with or aggravated by diseases of the rectum. Whether it cures here, as does aloes, by its impression on the circulation in the pelvis, or whether, as it seems probable, it has a direct action on the ovaries and uterus in the female, and prostate and testes in the male, awaits further investigation. The following conditions have been cured by it: suppression of the menses, with bearing down pains and flatulence; prolapsus uteri, with chronic costiveness; swelling of the labia during pregnancy; morning sickness of pregnant women; recent amenorrhea; induration of the os uteri; thick, transparent muscus leucorrhœa, associated with constipation; chronic ovaritis; dysmenorrhœa; recent disease of the prostate; gonorrhœa; gleet. In these cases it must be given in small doses, not exceeding the hundreth of a grain, and I have found the promptest benefit from even smaller doses.

In the treatment of primary syphilis, podophyllin holds an important place. I have used it but rarely myself in this disease, but Dr. Grover Coe and other writers claim that it eradicates the virus effectually from the system; and that when used in connection with suitable auxiliaries secondary and tertiary symptoms seldom appear.

One reliable practitioner reports the cure of one hundred and twenty consecutive cases of syphilis with podophyllin alone. Other testimony is abundant and of the same tenor, the consensus of opinion being that it equals mercury curatively, without the dangers that encircle the continued use of that drug. It is, however, capable of producing very serious results, just as mercury will when improperly used. Dr. Grover Coe says that it will not produce salivation and other untoward results except in cases that have been previously mercurialized, but in this he is mistaken. The dose should not exceed the sixth of a grain three times a day.

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In old cases of mercurial poisoning you will find these same doses admirable in relieving the terrible sufferings of the patient.

Buboes, whether gonorrhœial or syphilitic, and phimosis may be cured by the one-hundreth of a grain doses three times a day.

Skin diseases of scrophulosis, ulcerations on the eye-ball, and ulcerative otorrhœa are amenable to the alterative influence of podophyllin in small, persistent doses.

The tincture may be employed topically in chronic, obstinate cases of local neuralgic pains, spinal irritation, synovitis, gonalgia, morbus coxarius, and similar affections, but care must be exercised lest it produce pustulation.

Not only is podophyllin useful in cough from disease of the liver, and accompanying remittent fever, but it is also useful in certain idiopathic coughs. These are loose, hacking, dry; with a sense of suffocation on lying down and pain in the chest on taking a deep respiration. You will further find it useful in whoophing-cough, with feeble appetite, and costiveness; and in chronic bronchitis with the same associations. It is sometimes invaluable in arresting the progress of membranous croup, when the other conditions point to this remedy.

It is well-known that disorders of the gastro-hepatic region, of a non-obtrusive character, often precede for months the development of phthisis, and seem to act as the predisposing cause. At such a time, or even when the characteristics of phthisis are beginning to develope, podophyllin will be found of more value than any other drug in enabling us to persue the special treatment. In the more advanced stages of phthisis, when an irritable intestinal mucous membrane exists and especially if there is a suspicion of ulceration in the duodenum, small doses of podophyllin will be of much advantage if not pushed to the extent of causing diarrhœtic stools.

In diseases of the heart it will sometimes aid the action of digitalis or other alternating remedy, if given in tenth-grain doses, when portal stasis is encumbering that enfeebled organ.

In cerebritis, with strong determination of the blood, to the brain, a brisk purgation will often greatly relieve the whole condition. This is true of hydrocephaloid diseases in children.

I close my article by quoting the admirable suggestions of Prof. Scudder in regard to this remedy.

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"A certain class of diseases of organs supplied from the sympathetic, will be marked by a dull unpleasant pain, or weight, in the hypogastric region. The sensation is singular, and the feeling will sometimes cause the patient to bend forward to relieve himself. When the sensation is analyzed, it is referred to parts within the abdomen, and probably to the lower convolutions of the ileum. It is found in fevers and inflammations, but especially in dyspepsia, imperfect blood making, disease of the spleen, irregularities of the bowels—both diarrhœa and constipation; diseases of the urinary apparatus and the reproductive organs. In whatever disease found, especially if well marked and characteristic, podophyllin will prove curative.

"Among the queer indications for the remedy, may be named a sharply defined ache in the sacro-ischiatic foramina, with tenderness on pressure, of which I may give a case. W——— æt. 43, has suffered from liver complain, or something else, for years, for which he has taken liver medicines in large doses, podophyllin among them (and the podophyllin pills always made him worse). For some months he has had pains in the course of the ischiatic nerves, for which he has taken various remedies without relief. Prescribed podophyllin, grains one-twentieth, with phosphate of hydrastia, one-fourth; one pill daily. Was relieved of pain within one week, and rapidly regained his health. Quite as singular a case of what seemed, and had been diagnosed chronic cystitis, was cured with the same prescription, the remedy being prescribed for the hypogastric and ischiatic pains.

"Let a patient complain of pain in the course of the ulcer nerve, and I would always think of podophyllin as a remedy. Why? For no other reason than it cures such cases.

"A rather common symptom, and a very good one to prescribe by, is a peculiar stool—the first part large and hard, followed by fluid and wind. Use podophyllin triturated, or in small doses with the hydrastia.

"A tongue full and broad, with a pasty coat in the center, is a good indication for small doses of podophyllin, or even large ones. If I was induced to use the old fashioned emeto-cathartic of podophyllum or *in*, this would be the case.

"A red tongue (not bright-red), with uniformly erect papillæ, rough, will be an indication for podophyllin (in small doses) in some cases.

"I am not sure but a dull bluish color of tongue is a good indications for the remedy, and would be glad if some of our readers will observe it carefully. Podophyllin in small doses, is a stimulant to the sympathetic nervous system, and influences all the vegetative processes, but especially those of digestion and blood-making, and should be given when such stimulation is necessary."

Geo. W. Winterburn

360 West Twenty-Third Street, New York.

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THE TREATMENT OF HÆMORRHOIDS BY "CRUSHING."

SINCE the introduction of my clamp for the treatment of hæmorrhoids by crushing, as described by Mr. Pollock in the number of this journal of July 3rd, 1880, I have had considerable practical experience in this mode of treatment, and propose to review the etiology of the crushing process for the benefit of those who may not be acquainted with the superiority of this method of operating over all others.

Mr. Pollock, some two or three years prior to the communication to which I have just referred, put his views in practice with the object of avoiding the then existing "mode of treatment by clamp, scissors, and actual cautery, which, though perhaps somewhat less painful than by ligature, was still sufficiently severe to occasion much subsequent suffering, and lasting for some days." Besides, the application of the heated iron to the surface of a fresh wound must not only make it a very painful one, but burning the surface necessarily converts it into a more extensive slough, which has to be thrown off before healing commences. It occurred to him "that any thorough and instantaneous destruction of a part is usually comparatively painless in the injury itself and its sequence. A heavy weight falling on a finger or toe, and completely crushing the part, is seldom attended by much pain then or subsequently; nor under such circumstances does much bleeding occur. A man hit by a bullet in soft tissues is known to be ignorant of the receipt of the injury until the trickle of the blood is observed in the neighborhood of the wound; and thus it occurred to him that if a pile could be rapidly and effectually destroyed at its base by some instrument which in its action would be analogous to that of crushing the part included in its bite, the vessels of the crushed portion would not be very likely to bleed when the surface of the pile was removed, and the nerves being bruised by this proceeding would be less liable to be followed by pain."

Several instruments were designed by others to carry out Mr. Pollock's theory, but he considered that they all failed, namely: in not having sufficient crushing power. These clamps, without exception,

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were made to apply in a line with, or a parallel direction to, the buttocks. Now it occurred to me that if the pile were to be grasped in the opposite direction, the jaws of the instrument could be so constructed as to be parallel to each other, and on this principle effectual clamps could be made after various designs: but I felt that in order to obtain a clamp of the simplest and yet most powerful description, it would be advisable to construct it in the shape of pincers with handles about four times the length of the other extremity, with the addition of a screw, to be attached to the extremities of the handles. I also thought that instead of the opposite (or opposing) surfaces of the jaws being made square, they should be inclined at angle of 45 degs.; for this would not only augment the crushing power, but would create a "grinding" movement.* A few instruments having been made on this principle, I soon discovered that, although the power which could be brought to bear was almost unlimited, yet for want of an accurate and uniform temperature of metal—namely, a "plum color," the opposing surfaces of the jaws were apt to become displaced; hence I varied the inclination of the surfaces of the jaws by having them made square, and the crushing area increased, not by thickening the depths, but by introducing a *V*-shaped piece between them.

I now propose to describe the method of operation adopted by me, and which, I may add, has invariably been crowned with marked success. Prior to the operation, the patient's general health should be thoroughly scrutinized. The bowels should be well opened by the aid of some purgative—perhaps the simplest is either Glauber's salts or the compound senna mixture—and, in addition to this, it is usually advisable to give a common enema just prior to the time fixed for the operation, and to steam the parts in the usual manner. The patient having been placed under the influence of ether, should be turned on one side, usually the left, with the buttocks well drawn to the edge of the bed, and with the knee remote from the bed, well drawn up towards the abdomen. The pile to be removed is to be drawn down by means of a pronged fork or vulsellum. The clamp is then to be applied to the base of the pile, and at once tightly and firmly closed by the action of the screw at the end of the handles.

*See my description on the construction and mechanical advantages of the clamp quoted by Mr. Pollock, in *The Lancet*, July 3rd, 1880.

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The portion of the pile which protrudes inside the lips of the clamp is then to be removed by a pair of scissors curved on the flat or scalpel. After the clamp has been allowed to remain *in situ* for about a minute, the thumbscrew may be gradually slackened; but, at the same time, particular care must be taken to press the jaws of the instrument well up against the buttocks, so that the surrounding tissues may not be unduly stretched, otherwise they will return into the bowel with an "elastic recoil," and will thus have a tendency to terr asunder the "fringed remnant" left by the clamp. I cannot too strongly impress this on the attention of the operator; for the success of the operation being rendered bloodless depends in no small measure on his taking this precaution. The process is, of course, to be repeated according to the number of masses to be got rid of. If several piles are to be removed it is advisable to operate first on the lower, or those situated more externally, and then to proceed upwards; for by adopting this method the "fringed remnants" left by the clamp from the former masses will not be subjected to so much tension when the latter are operated on. If a pile be of an unusually large size, so much so that it is apprehended that a portion may overhang the sides of the jaws, I clamp the mass in two portions; but before releasing the grip of the jaws from the first portion I divide only a part of it which is within the grip of the jaws, and then take particular care to have a firm hold with the vulsellum of the portion not yet operated on.* Occasionally it may be advisable to separate the skin before clamping the pile; but, as a rule, I have not found this at all necessary, or even beneficial, for this reason alone—the area of the wound to be held is materially increased. After the operation I simply sponge the parts, and usually administer an anodyne, not so much for the purpose of alleviating pain, but chiefly to quiet the patient, as he naturally becomes restless for a few hours afterward, until the effects of the ether pass off. It is as well that the bowels should not act for about five or six days after the operation, but should they be relaxed I administer opium, either the tincture or a suppository, which I also do in those exceptional cases in which patients are peculiarly sensitive to even

*I have recently introduced a modified clamp, so that on each side of the jaws there is a projecting lip or beard; hence it is impossible for the sides of a large mass of tissues to overhang the jaws.

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the slightest pain. On the morning of the sixth day I usually give about three drachms of Glauber's salts in warm water, and if this does not readily act, which may cause the patient some discomfort, I then administer an enema. By this means the motions become loose, thus reducing the pain arising from the hardened fæces passing along the tender parts to a minimum. After the bowels have acted, the parts are to be carefully sponged and smeared over with carbolized vaseline (five grains to the ounce), by gently introducing the finger into the bowel. The diet should at first be light and nourishing, but not stimulating, unless otherwise indicated. It is rarely necessary for the patient to remain in bed after six or seven days, if the bowels have acted, but it is not advisable to allow him to resume any active work for at least a fortnight after the operation, and, indeed, even for a few days longer, if he be a laboring man.

Having now had exceptional facilities for observing a very large number of patients, besides perusing the notes of innumerable cases extending over very many years, I really cannot speak in too glowing terms with regard to the pain and early convalescence of patients operated on with my clamp, and subjected to the above treatment, as compared with all other methods of operating. In a word, I may say that the difference as regards these respects is truly astounding, so much so that I venture to think that no surgeon acquainted with the fact would wish to submit his patients to any of the what I may now call old methods of treatment. As a rule, beyond a very slight feeling of discomfort or pain for a short time after the operation, which patients have described as being of a tingling and numbed nature, and which may sometimes be experienced when the bowels first act, when, by-the-by, a little blood may sometimes ooze from the parts, I have never heard of any treatment being required, though it is as well to assure the patient that this is quite consistent with a successful operation. With regard to the oozing of blood, if any, the quantity varies; for instance, if the bowels be loose only a few spots may appear, while, on the other hand, if the motions be hard the oozing may be a little freer. Again, I have scarcely ever perceived an constitutional disturbance; and beyond the temperature rising about 1 degree on the night of the operation it is nearly always normal, provided, of course, the bowels be relieved during the first week. Another most conclusive item in favor of this method of treatment is the fact that I have never found it necessary

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to use a catheter to relieve the bladder, nor have I ever known of anyone else finding it necessary to do so; whereas, with other methods of operating, the non-use of the catheter is quite exceptional.

I have now performed 19 operations on patients, have acted as the assistant in 83 cases, and have been a busy spectator in 29, in all 131, besides having been in communication with gentlemen who have operated on 51 patients. Of the 131 cases, in not one instance, with the exception of the first two (see *The Lancet*, July 24th, 1880), was it necessary to apply even a fine ligature, so effectual was the crushing process; hence I am in a position to state that, except in the first two cases, when the experiment with the new instrument was necessarily tentative, "I have never *seen* a ligature applied to any bleeding point!" Some of the operations were performed on patients at very critical times; for instance, I operated for a medical gentleman on a lady who was six months pregnant; another patient was operated on most successfully by a surgeon, who had, only a little more than a week previously, performed on her the operation of ovariotomy. With regard to the 51 cases, particulars of which have been forwarded to me, I am aware that in some seven or eight cases, one or more fine ligatures had to be applied to bleeding points, but then it must be remembered that until some surgeons have operated two or three times with an instrument there are likely to be a few slight mishaps. All the other cases were most successful; indeed, it affords me much pleasure to mention that I am informed that a surgeon of world-wide repute has recently operated on his son with my clamp, so satisfied is he of its superiority over all others; and I could multiply instances attesting the fact; for the present, however, I reserve any remarks on operations at which I was not present; but so soon as I am able to collect the notes of a very large number of cases I intend to publish the statistics in a tabular form, and should, therefore, feel extremely obliged to those gentlemen who may operate with my clamp to favor me with short notes of their cases.

For the information of the profession I may mention that the clamp I use, and which I recommend, is manufactured by Messrs. C. Wright & Co., of New Bond street, London.—R. Fitzroy Benham, M. R. C. S., in *Lancet*.

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*IODINE AND ITS DERIVATIVES.**

SINCE the beginning of the century, iodine has taken a place in the front rank as a remedy for scrofula, and syphilis in the tertiary form. Its use is also becoming common in the treatment of children. Its marked action on the serum, wounds or osseous changes, has made it useful in cases of hydrocele, partial dropsy, and many rebellious chronic affections. Nothing is better established, and the works of Velpeau, Boinet and many other authors give you confidence in it. I believe, however, when you have had experience that although you will praise the marvelous effects of iodine, you will not be blind to certain inconveniences in its use. To prescribe it to a non-syphilitic child, under two years, and in a careless, non-methodical fashion, and without special indications, is to me a practice which causes the alterative action of the iodine to lessen the strength of the little patient. It is necessary for me to recall, at this point, the more striking examples of our clinic of Saturday. Have you not often observed, with me, feeble, nursing children, whose growth has been arrested on account of poor nourishment, caused by the use of preparations of iodine? I have advised you in many cases to discontinue the iodine, iodide of potassium, and tincture of iodine, as you will find that better hygiene contributes ordinarily to the recovery of the little patient. I have also shown you nervous young children subject to ague, in whom the paroxysm was aggravated by the use of iodine. While in the first cases the use of iodine was premature, in the latter it was used immoderately.

If you have noted all the particulars which surround the physiological action of iodine, you will see that in its use in plaster-of-Paris it causes not only an alterative effect, but in its internal use, affects the kidneys, and sometimes to albumenuria. This absorption of iodine ought to surprise you. Never has the iodine been presented to you less favorably. With no wish to exaggerate the ability of the work and views I support, permit me to remind you that I have made like communications to the Medical Societies of the Hospitals in 1876. In attempting to treat our scald-head patients by the use of a preparation of the tincture of iodine and glycerine, in equal parts, we were surprised after a months treatment (from March 10th to

* Translated from *Le Progres Medical* for the THE MEDICAL TRIBUNE.

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April 4th.) at the weakness of one of the young patients in ward number 7. This child, aged ten and a half years, had a swollen face, sunken eyes, colorless checks, and was covered with an eruption. The throat was tender, and presented an abnormal color. The mucous membrane of the nose had been congested, but this had given place to an abundant epistaxis. The child also felt great uneasiness, and had no appetite, and complained of thirst. A slight acceleration of the pulse, with no noticable heat, completed the symptoms. Congestion of the mucous membranes of the eyes, nose, and throat, made us suspect iodine, and a careful examination of the urine confirmed our opinion. Once on this track, we were led to look for the iodine in the urine of our little scald-head patients, who were treated in the same way, and the result was the same. All the urine contained iodine in greater or less quantity. In the course of these researches, repeated in various ways, what was our surprise when we discovered albumen most conclusively in more than half the cases. Again, the plaster-of-Paris produced in these children, the absorption of the iodine—this fact was already known, but it had not appeared so frequently—and resulted in albumenuria, often very marked. I shall give you in the course of these experiments valuable facts, which will the better enable you to understand my assertions. In order to prevent all objections our experiments have been directed in two ways.

First.—In testing the urine by starch and nitric acid, we produced a decided blue color.

Second.—In testing the urine by nitric acid and chloroform, we found deposited in the bottom of the tube a violet solution of iodine in the chloroform.

Look at the summing up of these experiments. Of the fourteen children treated by the external application of iodine, all presented the iodine in the urine. We have examined the urine of those treated by plaster-of-Paris, and have found some iodine in the urine of children in the same ward not treated by iodine, in order to assure ourselves that the iodine had not entered by the respiratory organs. As the result has been negative we shall be able to prove that the iodine entered by the skin. We have controlled the action by suspending or diminishing the plaster-of-Paris, and we have proof of changes which confirm our assertions, and are not new to science. Besides we have noticed that if the plaster covers a surface the diameter of a five-franc

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silver piece, the iodine will be discovered in small quantities in the urine. Concerning the albumen, in eleven cases we have discovered it four times. With three other children whom we were better able to match, we had it constantly proven. In our fourteen analyses, iodine is found seven times; that is to say in half the cases, and I am convinced that this proportion is very small. The plaster-of-Paris is sometimes so badly made, and often so sparingly used that at the end of three days the skin would not be colored by the iodine. The result therefore of these experiments shows that the skin is an easy way of absorbing the iodine; that the external treatment even when it colors a small surface, shows the iodine in the blood, urine, and other secretions. This should be remembered if iodine is prescribed in ague or consumption. And lastly that with children the passage of the iodine should be so abundant that it will cause albuminous deposit in the proportion of 1 to 2. This is a new fact, and one worthy to be remembered. It is evident that it will be necessary to expose to the albuminary treatment subjects afflicted with chronic maladies requiring prolonged external treatment. The easy and rapid absorption of the iodine by the skin will make your more careful in using it with nervous excitable or enemic patients; or with those suffering from ague. Do not misunderstand the importance of these facts. You will understand, also, that though I write against the abuse of iodine, and the indifference with which it is prescribed for children, and desire to direct you attention to certain cases which show the absorption of the iodine, I do not the less praise its beneficial effects when guided by special indications, in scrofula, chronic enlargements or swellings, tertiary syphilis and a number of pathological conditions which I will review at the end of this lecture. In a word, iodine is a medicine of the first order, an excellent remedy when prescribed carefully, but which demands on your part great care and study that you may render its properties efficacious instead of hurtful. With this well understand, I begin an enumeration of the pharmaceutical forms of iodine, the dose when prescribed for children, and its internal and external use.

I. *Iodine.*—The use of iodine in this form has been renounced, and for my part I have never employed it. It is too great an irritant and should be used only when well dissolved in alcohol and chloroform. You have seen this latter preparation used in the search of iodine in the urine.

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II. *Tincture of Iodine.*—This has been given internally in doses of from 5 to 10 drops, but the majority of practitioners have abandoned it, as it has a most disagreeable odor. It is apt, also, to cause griping of the stomach when given to children. When added to the syrup of quinia, gentian and horse-radish, it is found to have an effect, especially if given immediately before eating, and in small doses. Again, if you add a little iodide of potassium to the tincture, it renders the solubility more perfect and serves to mask the unpleasant taste. A syrup can be formed from the peel of oranges mixed with *anisette*, containing in 30 grams, 1 to 3 drops of the tincture of iodine, and 5 to 10 centigrams of the iodide of potassium. The dose for a child of two years is one coffee or desert-spoonful and double quantity for a child of four years. Saving in cases of syphilis or early scrofula, I never prescribe these preparations to children under two years of age.

The external use is very entensive, whether pure, mixed with water added to the iodide of potassium, or with glycerine. When pure it is applied with a brush to the skin and mucous membranes, for the purpose of reducing the congestive conditions, and internal enlargements. When you have irritated the skin, order a bath for the purpose of raising the temperature a little. I have not told you that it is necessary to suspend the treatment when its repeated use has produced an intense heat. On the mucous membrane, and on the surface of pale sluggish wounds the tincture of iodine should be carefully applied, every second day for example, according to indications. Use a brush dipped in the tincture in such a manner that it will not extend beyond the surface to be treated It is necessary to remember this precaution when applying it to the tonsils or back part of the throat.

Mixed with water in the proportion of 1 to 100, or of 1 to 200, (Velpeau) it makes an excellent irratant for causing adhesion of the mucous membranes, when afflicted with dropsy. When these have been removed by the free use of the iodine, you may add a little iodide of potassium, or even a little tannic acid according to the advice of Dr. Boinet, and you will obtain a very limped solution. With children I often use the tincture of iodine reduced by an addition of equal part of glycerine, whether for the plaster-of-Paris for the surface of the skin, or for applying to the mucous membrane.

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I find this plan more easy for graduating the effects of the caustic liquid. I do not wish to give you all the formulas in which the tincture of iodine is used as an alterative agent. For my practice I am contented with the foregoing. I recommend to you, with the tincture of iodine, the cotton of iodine. It is an exellent revulsive agent, and very easy to apply to the diseased parts.—M. J. SIMON.

(To be Continued.)

THE CAUSE OF TUBERCULAR DISEASE.

ON the 24th of March, 1882, an address of very serious public import was delivered by Dr. Koch, before the Physiological Society of Berlin. It touches a question in which we are all at present interested —that of experimental physiology--and I may, therefore, be permitted to give some account of it in the *Times*. The address, a copy of which has been courteously sent to me by its author, is entitled "The Etiology of Tubercula Disease." Koch first made himself known by the penetration, skill, and thoroughness of his researches on the contagium of splenic fever. By a process of inoculation and infection he traced this terrible parasite through all its stages of development and through its various modes of action. This masterly investigation caused the young physician to be transferred from a modest country practice, in the neighborhood of Breslau, to the post of Goverment Adviser in the Imperial Health Department of Berlin.

From this department has lately issued a most important series of investigations on the etiology of infective disorders. Koch's last inquiry deals with a disease which, in point of mortality, stands at the head of them all. If, he says, the seriousness of a malady be measured by the number of its victims, then the most dreaded pests which have hitherto ravaged the world—plague and cholera included—must stand far behind the one now under consideration. Koch makes the startling statement that one-seventh of the deaths of the human race are due to tubercular disase, while fully one-third of those who die in active middle age are carried off by the same cause. Prior to Koch it had been placed beyond doubt that the disease was

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communicable; and the aim of the Berlin physician has been to determine the precise character of the contagium, which previous experiments on inoculation and inhalation had proved to be capable of indefinite transfer and reproduction. He subjected the diseased organs of a great number of men and animals to microscopic examination, and found, in all cases, the tubercles infested with a minute, rod-shaped parasite, which, by means of a special dye, he differentiated from the surrounding tissues. It was, he says, in the highest degree impressive to observe i the center of the tubercle-cell the minute organism which had created it. Transferring directly, by inoculation, the tuberculous matter from diseased animals to healthy ones, he in every instance reproduced the disease. To meet the objection that it was not the parasite itself, but some virus in which it was imbedded in the diseased organ, that was the real contagium, he cultivated his *bacilli* artificially, for long periods of time, and through many successive generations. With a speck of matter, for example, from a tuberculous human lung, he infected a substance prepared, after much trial by himself, with the view of affording nutriment to the parasite. Here he permitted it to grow and multiply. From this new generation he took a minute sample and infected therewith fresh nutritive matter, thus producing another brood. Generation after generation of *bacilli* were developed in this way without the intervention of disease. At the end of the process, which sometimes embraced successive cultivations extending over half a year, the purified *bacilli* were introduced into the circulation of healthy animals of various kinds. In every case inoculation was followed by the reproduction and spread of the parasite, and the generation of the original disease.

Permit me to give a further, though still brief and sketchy, account of Koch's experiments. Of six Guinea-pigs, all in good health, four were inoculated with *bacilli* derived originally from a human lung, which, in fifty-four days, had produced five successive generations. Two of the six animals were not infected. In every one of the infected cases, the Guinea-pig sickened and lost flesh. After thirty-two days one of them died, and after thirty-five days the remaining five were killed and examined. In the Guinea-pig that died, and in the three remaining infected ones, strongly pronounced tubercular disease had set in. Spleen, liver, and lungs were found filled with tubercles; while in the two uninfected animals no trace of the disease

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was observed. In a second experiment, six out of eight Guinea-pig were inoculated with cultivated *bacilli*, derived originally from the tuberculous lung of a monkey, bred and rebred for ninety-five days, until eight generations had been produced. Every one of these animals was attacked, while the two uninfected Guinea-pigs remained perfectly healthy. Similar experiments were made with cats, rats, rabbits, mice, and other animals, and, without exception, it was found that the injection of the parasite into the animal system was followed by decided, and, in most cases, virulent tubercular disease.

In the cases thus far mentioned inoculation had been effected in the abdomen. The place of inoculation was afterward changed to the aqueous humor of the eye. Three rabbits received each a speck of *bacillus* culture, derived originally from a human lung effected with pneumonia. Eighty-nine days had been devoted to the culture of the organism. The infected rabbits rapidly lost flesh, and after twenty-five days were killed and examined. The lungs of every one of them were found charged with tubercles. Of three other rabbits, one received an injection of pure blood-serum in the aqueous humor of the eye, while the other two were infected in a similar way, with the same serum, containing *bacilli*, derived originally from the diseased lung, and subjected to ninety-one days cultivation. After twenty-eight days the rabbits were killed. The one which had received and injection of pure serum was found perfect healthy, while the lungs of the two others were found overspread with tubercles.

Other experiments are recorded in this admirable essay, from which the weightiest practical conclusions may be drawn. Koch determines the limits of temperature between which the tubercle-*bacillus* can develope and multiply. The mininum temperature he finds to be 86 degree Fahrenheit, and the maxinum 104 degrees. He concludes that, unlike the *bacillus enthracis* of splenic fever, which can flourish freely outside the animal body, in the temperate zone animal warmth is necessary for the propagation of the newly discovered organism. In a vast number of cases, Koch has examined the matter expectorated from the lungs of persons affected with phthisis and found in it swarms of *bacilli*, while in matter expectorated from the lungs of persons not thus afflicted he has never found the organism. The expectorated matter in the former cases was highly infective, nor did drying destroy its virulence. Guinea-pigs infected with expectorated

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matter which had been kept dry for two, four, and eight weeks respectively were smitten with tubercular disease quite as virulent as that produced by fresh expectoration. Koch points to the grave danger of inhaling air in which particles of the dried sputa of consumptive patients mingles with dust of other kinds.

It would be mere impertinence on my part to draw the obvious moral from these experiments. In no other conceivable way than that pursusd by Kock could the true character of the most destructive malady by which humanity is now assailed be determined. And, however noisy the fanaticism of the moment may be, the common sense of Englishmen will not, in the long run, permit it to enact cruelty in the name of tenderness, or to debar us from the light and leading of such investigations as that which it here so imperfectly described.—Prof. Tyndall, in *Popular Science Monthly.*

GRINDELIA SQUARROSA.

The Grindelia squarrosa is one of the new California remedies introduced to the profession by the enterprising drug house of Parke, Davis & Co., and is without question one of the most valuable of the recent additions to the materia medica.

About three years ago, I began to experiment with the drug, and from the first was very much pleased with its action. Shortly after beginning its use, I reported a few cases treated by it, illustrating its action, in an article to the *American Medical Journal,* in which I spoke of its value in enlargement of the spleen. Since then I have used it in many such cases with remarkable success. It seems to possess a peculiar affinity for that organ, and so far as I have tried it, I have found it curative in every case in which it was used. If every article of the materia medica, or even a small fraction of them, gave as certain results as this remedy, the practice of medicine would be a pleasure indeed. Without exception, no drug has ever given me more uniform success in its use than the grindelia squarrosa. Its effects are often brilliant, acting like magic. It not only relieves quickly, but, in the majority of cases, effects a permanent cure in a short time. It is not a remedy that must be administered for days

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and weeks before any good effect is perceptible, but usually three or four doses are sufficient to produce a noticeable change in the feelings of the patient.

On account of its direct action on the spleen, and because the spleen is almost always involved in malarial troubles, it becomes one of the first and most reliable remedies in malarial diseases. However, it is not a specific in every case of miasmatic poisoning, but only in such as present certain symptoms, which will be noted further on. Next to quinine it is better than any other single remedy in malarial diseases, and in some such cases will cure when quinine is of no benefit whatever. When the symptoms indicating its use, are present it will as certainly relieve the disordered conditions upon which they depend as that it is given. In certain cases of ague, the grindelia is as truly antiperiodic in its action as is quinine, promptly interrupting and ending the chills. The physician to whom its action is familiar will not do without it.

The symptoms calling for its use are pain in the left side in the region of the spleen, in front or just under the short ribs. *Pain in the left side* is *the* indication for its use, and may be the only evidence of diseased action. Usually in bad cases it is accompanied by an enlargement and tenderness of the spleen, and a sallow complexion. If these symptoms exist, the grindelia is sure to cure. I have seen patients who had suffered for months in this manner, cured in a few days with this remedy. Under its use the sense of relief is very prompt and decided. It not only acts upon the spleen, but, in a measure, influences all the organs that are connected with the portal circulation. Its action upon the liver and associate viscera is evinced by its power to relieve biliary obstruction, improve the digestion, and clear the complexion. Although ordinarily not a cathartic, its actions under the conditions named noticeably affects the bowels, and not infrequently causes free alvine evacuations. The effect is doubtless due to an unloading of biliary and other extraneous matter from the portal circulation, which acts as a mechanical irritant in its passage through the bowels. Given, a case of malarial disease presenting the symptoms of pain in the left side, with enlargement and tenderness of the spleen, the grindelia is a certain remedy. To any one who has never witnessed its good effects, its action when first seen is a happy surprise, as several physicians to whom I suggested the remedy have told me.

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In later experiments I have learned that the pain in the left side does not necessarily have to be in the spleen. The remedy seems to be applicable to any pain in the left side extending as low as the hip and as high as the nipple, and may be either a slight soreness, a dull aching, or keen, cutting pain. The character of the pain is of less importance than its location. The more nearly that the pain is located centrally in the left side, the more marked will be the action of the remedy. In not a few instances have I likewise relieved cardiac and pleuritic pains, but cannot tell why the drug proved curative in these cases,, unless it was owing to its location—pain in the left side. Having met with such wonderful success in these cases, I now prescribe grindelia squarrosa for every patient that complains of pain in the left side.

My usual prescription is as follows: Fluid extract grindelia squarrosa, two drachms; glycerine, two and a-half ounces; alcohol, one ounce; mix. Dose: a teaspoonful every four hours.

Either more or less of the grindelia may be used, in the proportion of one to four drachms in a four-ounce mixture, as may be necessary, according to the age and condition of the patient.

In my experiments with this drug, I have had not a little trouble in obtaining a pure article. I have used several different preparations, but whenever I used anything other than Parke, Davis & Co.'s fluid extract, I was invariably disappointed in the results. I simply make this statement as a matter of fact, and to protect myself from misinterpretation by those who will test this remedy, but who fail to get any good effect because of their using an inferior or worthless article. I fully appreciate the importance of the physician using reliable drugs if he would do a successful business, and nothing has opened my eyes to the frauds practiced upon physicians by druggists, like my experience with cascara sagrada and grindelia squarrosa.

J. A. Munk, M. D.

THE MICROCOCCI OF LUPUS.

For more than a year past I have examined microscopically every fresh case of lupus which has come under my notice; and though at first the results obtained were meagre and unsatisfactory, owing to

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defects in preparation and unsuitable staining reagents, I have at length succeeded in clearly demonstrating what I had for some time suspected, the presence, viz., of micrococci in lupus tissue. In order to avoid any accidental contamination with these organisms, each piece of the affected tissue was placed, immediately after removal, either in a watery solution (2 per cent.) of carbolic acid, or in absolute alcohol after rinsing with the carbolic solution. With Roy's freezing microtome sections may be immediately cut from the carbolized preparations, whilst those in alcohol must first be washed in a solution of the acid. The sections, having again been laid in alcohol, are treated with a one per cent. solution of gentian violet (Weigert), and finally put up in glycerine or clove oil. Preparations kept in Muller's fluid may be manipulated in the same manner. The staining fluid only attacks the micrococci, which thus stand out in clear contrast with the colorless, transparent, connective tissue around. Only the thinnest and most carefully stained sections are of use for examination. The micrococci must be sought in the smaller lupus nodules which lie scattered in the connective tissue near to and under the coarser masses. On inspecting the groups of small cells which form the nodules, and the large, pale, flattened, epithelioid, solitary cells which accompany them, with a magnifying power of from 660 to 1020 diameters, we regularly find spherical micrococci granuler lying between and around the cells and cell-groups. From peripheral points in one group lines of granules extend through the surrounding areolar tissue to neighboring groups. The granules, on the whole, are not so closely set as in some other acute infectious processes, and they are smaller than the micrococci I have observed in cases of infectious osteomyelitis; but, nevertheless, in a good preparation they stand out with great clearness, and may be recognized in the smallest and most remote tubercle. In many preparations I found them grouped around the large single epithelioid cells which lay in the vicinity of the smaller lupus-nodules. Each cell forms the centre of a small aggregation of micrococci, short rows of which radiate in all directions into the tissues around. When the large cells lie closer together, rows of micrococci extend from one to another, and stellate groups are seen where the lines cross. The single large cells with their surrounding micrococci may probably be regarded as the foci from which new lupus-nodules are developed. In the larger and completely formed lupus tubercles, where the cells

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are massed compactly together, micrococci are much more difficult to recognize; but even here, in very thin sections, I have succeeded in discovering them. Larger connected masses of these organisms I found in a centrally degenerated nodules from a case of lupus of the lip. Here, between the giant cells, lay large, round groups of granules with isolated offshoots, as well as spindle-shaped collections of spores between the layers of connective tissue which encapsuled the nodule on one side. Micrococci are easily made out, as a rule, at those points in the circumference of the larger lupus-nodules, whence long rows of cells stretch like rootlets into the surrounding tissue. The termminations of such offsets I always found surrounded by micrococci, which, however, here lie more closely aggregated, and are connectad with neighboring isolated micrococcus-groups in a manner similar to that already described. I scarcely ever failed to find micrococci in the hyperplastic sebaceous glands of the affected area. They were sometimes found in the hair-sheaths and around the coils of sweat-glands, but here, as a rule, only when these tissues were pressed upon by adjacent cell-masses. Micrococci were also clearly made out within the walls of the smaller bloodvessels which were encompassed by round epithelioid cells. The condition of the granules in all these various situations is precisely similar to that of the micrococci in the smallest lupus-tubercles above described They lie around the cells and send off short processes (lines of granules) which here and there form a graceful network in the areolar matrix. In a case of lupus nasi with superficial ulceration, the hyperplastic cutaneous papillæ between the broken-down lupus were, I found, swarming with micrococci. In conclusion, I believe that the following points may be regarded as certain: The more rapid the development of the disease (lupus) and the softer the subjacent tissue, so in proportion will micrococci be found more distinctly and in greater abundance. I saw them most satisfactorily in preparations from rapidly-growing lupus of the face, lips, and nose, but less in those old, hardened lupus-patches observed here and there on the skin of the extremeties.—Max Schuller, in *Centralblalt fur Chirurgie.*

To Subscribers.—Those in arrears for their subscriptions to the Medical Tribune will bear in mind that half of the volume for 1882 is now published, and that payment is now in order.

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THE ELECTROLYTIC TREATMENT OF MALIGNANT TUMORS.

PROFESSOR SEMMOLA, of the University of Naples, had intended to read a paper on the use of electricity in the local treatment of malignant tumors at the late meeting of the International Medical Congress. He was unable, however, to attend; but the subject, although not new, possesses so much interest that the facts he intended to record are worthy of notice. His experience was gained in the treatment of six cases—one of epithelium of the right breast the size of an orange, a fibro-sarcoma of the right breast, and one cysto-sarcoma of the right breast, two cases of sarcoma of the right breast, one case of sarcoma of the left breast, and one cysto-sarcomatous tumor growing from the upper third of the arm. In five of the cases amputation of the diseased part had been recommended by experienced surgeons, and the sixth was a case of recurrence eighteen months after the removal of the primary sarcomatous tumor. The tumors are said to have all the clinical characters of malignant growths, and to have been examined microscopically by Prof. Petrone. The needles employed were the steel needles in common use for electrolytic purposes, and they were passed deeply into the tumor, converging toward its centre. In his earlier experiments only the negative pole being placed on the chest, but in the latter one he found it beneficial to pass in both poles of the battery. The batteries used were Stohrer's and Onimus'; with the former the deviation of the galvanometer was 90 degrees; with the latter 60 degrees to 75 degrees. In small tumors one inserted needle was found sufficient, but Dr. Semmola believes that he has obtained a more settled action. As a rule, passing the needle causes next to no pain or difficulty, but at times small sclerotic foci interfere with their transit. Very rarely did any painful inflammation attack the spots of puncture. The constant current should be used frequently, even three times within the twenty-four hours, and allowed to flow through the new growth for an hour each time. A weak current, long continued, seemed to be better in its effects than a stronger current acting only for a short interval, and it is stated that the former has a greater modifying effect upon the local chemistry of nutrition. While the current is passing the galvanometer oscillates

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between 10 degrees and 15 degrees. This shows that there is some modification in the resistance offered by the tissues, and is a mark of the change produced by the current. In one case the treatment was ended in twenty-four sittings, but in another it extended over seven months. In the case of cystic sarcoma, after two applications of electricity inflammation and destructive suppuration set in. In none of the cases were the lymphatic glands affected. Dr. Semmola suggests that electrolysis cures malignant tumors in one of three ways—by producing small foci of inflammation with consecutive sclerosis, the tumor being converted into a small, indurated and harmless lump; by producing a colloid and fatty degeneration, especially in tumors with this tendency; and by exciting destructive inflammation and suppuration of the tumor. Along with this local treatment in all his cases Dr. Semmola has combined the administration of large doses of iodide of potassium with the view of gravely modifying the general nutrition.—*London Lancet.*

DIABETES INSIPIDUS TREATED BY ERGOT.

Mr. W. A. C———, aged forty, came under our care in the beginning of December last, complaining of headache and disordered digestion, which were abundantly demonstrated by the appearance of his tongue, as it was covered with a creamy fur. He stated that for a short period prior to consulting us he had suffered from inordinate thirst and urination. His pulse was rather rapid the first time we saw him, but it was afterwards quiet. His family history was excellent, and he himself had enjoyed good health until about two years ago, when he suffered from an acute attack of Bright's disease.

On examination his urine was found to be pale, of acid reaction, specific gravity 1002, and containing traces of albumen, but no sugar. He was ordered stomachic medicines at first, which had the effect of improving the condition of his digestive organs; then he was placed upon iron and quinine for some three weeks, but with no amendment of the diabetic symptoms. As he was passing enormous quantities of urine—generally from eight to ten quarts per diem,—and was consequently losing flesh, we determined to try the effects of ergot,

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which remedy has been so successful in the hands of Dr. J. M. Da Costa, of Philadelphia, in the treatment of diabetes insipidus. Accordingly he was prescribed drachm doses of the liquid extract of ergot three times a day, on January 3rd. There was no change observed in his condition until the 7th of the same month, when slight diminutoin of thirst and diuresis took place, and, at the same time, the slight pain which he had complained of in his head now became so very severe that it was necessary to discontinue the administration of the ergot. In the course of a day or two the pain in his head had considerably abated, but the thirst and urination again increased. The ergot treatment was resumed on the 12th of January in similar doses, and on the 23rd the intense thirst and excessive urination suddenly gave way to the normal condition of things in these respects; but again at this time he complained of the most excruciating pain in his head, which was relieved by withdrawing the ergot and giving a hypodermic injection of morphia. Since then there has been no return of the urgent thirst and diuresis; but the pain in the head is subject to periodic exacerbations and remissions, and is neuralgic in it character. We have no doubt that it will be at least temporarily relieved.

Remarks.—The above, although, an undoubted case of diabetes insipidus, was complicated with Bright's disease, and this fact rendered the result of the exhibition of ergot a matter of considerable doubt, but the satisfactory effect produced has fully justified the experiments. There was no slowing of either the pulse or breathing produced in this case by the administration of ergot. There can be no doubt, from the results in the cases of diabetes insipidus which have been recently treated with ergot, that it is a remedy which has a powerful control over this most obstinat disease; and if it can be proved to be an unfailing remedy for it in the future, then one more ailment will have been rescued from the category of "hopeless" disease.—Dr. John Macauley, in *The Lancet.*

THE FRESH-AIR HABIT.

Early impressions are very enduring, and can make useful habits as well as evil ones a sort of second nature. In order to forestall the

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chief danger of in-door life, make your children love-sick after fresh air; make them associate the idea of dusty rooms with prison-life, punishment and sickness. Open a window whenever they complain of headache or nausea; promise them a woodland excursion as a reward of exceptionally good behavior. Save your best sweetmeats for out-door festivals. By the witchery of associated ideas a boy can come to regard the lonely shade-tree as a primary requisite to the enjoyment of a good story-book. "Or, *mes pensees ne veulent jamais aller qu' avec mes jambes*," says Rousseau ("Only the movement of my feet seems to set my brains a-going"), and it is just as easy to think, debate, rehearse, etc., walking as sitting. The peripatetic philosophers derived their name from their pedestrian proclivities, and the Stoic sect from their master's predilection for an open porch. Children who have been brought up in hygienic homes not rarely "feel as if they were going to be choked" in unventilated rooms, and I would take good care not to cure them of such salutary idiosyncrasies. Every observant teacher must have noticed the innate hardness of young boys, their unaffected indifference to wind and weather. They seem to take a delight in braving the extremes of temperature, and, by simply indulging this penchant of theirs, children can be made weather-proof to an almost unlimited degree; and in nothing else can they be more safely trusted to the guidance of their protective instincts. Don't be afraid that an active boy will hurt himself by voluntary exposure, unless his chances for out-door play are so rare as to tempt him to abuse the first opportunity. Weather-proof people are almost sickness-proof; a merry hunting excursion to the snow-clad highlands will rarely fail to counteract the consequences of repeated surfeits; even girls, who have learned to brave the winter storms of our Northwestern prairies, will afterward laugh at "draughts" and "raw March winds."—Dr. Felix L. Oswald, in *Popular Science Monthly for November*.

Dysentery.—A French physician claims to have succeeded in the treatment of epidemic dysentery by the use of ergot. He gave seven or eight grains every four hours, the cure being effected in ordinary cases in two or three days. After a few doses, constipation is produced, which lasts three or four days. Ergotin has the same effect.

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The Mirror.

It is not calling your neighbor names that settles a question.—Beaconsfield.

THE CODE OF ETHICS.

On November 9th, 1877, a lecture was delivered before the Liberal Club in this city, on "Medical Intolerance." The speaker declared that the Code of Ethics that then governed the self-styled regular medical profession was an instrument of oppression that would eventually be ridaculed and denounced by every true man in the profession. For this he was mobbed by medical student and subsequently meeting of the club were broken up, while the old-school physicians applauded this attempt to suppress free speech, made by men who were supposed to be gentlemen and scholars.

In less than five years from that time, the majority of the members of New York State Medical Society voted to abolish the code of ethics, on the ground that the day had gone by when the profession needed such an instrument for their government. As a two-third vote was necessary for such an action, the code was saved, for a short time at least; but it was so altered as to admit of consultations with all legally qualified practitioners of medicine. This effectually breaks down the principal barrier between the different schools of medicine, and we trust the time is not far distant when no code will be in existence, except the unwritten code that always regulates the conduct of gentlemen.

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That the spirit of intolerance still exists in the profession, however, is manifest by the discussions regarding the new code that have been going on in the various Medical Journals in this country and Europe. The profession of New York have been denounced by Editors of Medical Journals, for this step toward common sense, which will do much to elevate the true dignity of its members. It is hard for these men to concede the justice of this change when so many pages of intolerant abuse of other schools of medicine stare them in the face from the back numbers of their own journals; but they should remember that laws that are daily violated are a disgrace to any society and the sooner they are abolished the better.

Dr. J. Marion Sims, in his annual address, as President of the American Medical Association, delivered in Philadelphia, June 6th, 1876, said: "There is not a man within the sound of my voice who cannot call to mind some violation of the letter or spirit of the Code of Ethics, that has occurred under his own immediate observation. Indeed, when we speak of violating the spirit of the code, we may all as one man cry out, 'He that is without sin among you, let him first cast a stone.' He further said: "The time will come when your organic law, like the constitution of our country, will require modifications and amendments to suit a higher intelligence,. a broader education, and a greater destiny."

In New York, where the leading members of the profession were frequently obliged to consult with educated men, out side of their own school, it was felt that "a higher intelligence and broader education" demanded this change now; and the narrow minded bigots may rave and call names to their hearts content, but they cannot stay the onward march of liberal ideas. With one step taken in the right direction we have faith to believe that the time is not far distant when "do right" will be the only Code of Ethics known to the medical profession.

VACCINATIONS DISCUSSION.

The Medical Society of New Jersey, the oldest medical society in America, held its Annual Meeting at Asbury Park, on May 23rd, 1882.

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The most importance discussion of the session was that on Vaccination. Some of the members came out squarely in opposition to this gigantic fallacy, while many expressed themselves as doubtful as to the real value of vaccination as a prophylactic against small-pox.

First blood-letting is discontinued, then the code of ethics is changed which is equivolent to abolishing it, and next we will find that the profession has all at once discovered that vaccination is useless. Well, it matters not who may get the credit for these reforms, so long as error is exposed and wrongs righted.

TREATMENT OF SEA-SICKNESS.

Dr. Milan Soule, Surgeon to the Steamship, City of Sidney, speaks in the most positive terms of the value of the bromides, for the treatment of sea-sickness. The following is the formula which he recommends:

℞. Sodi bromidi..... .....℥iv.
Ammonii bromidi..... .....℥ii.
Aquæ menthæ piperitæ.. .....℥iii.

Sig.—A tea-spoonful before meals and at bedtime; beginning treatment three days before going on board.

When the disease is fully established before the treatment is begun, he puts a tea-spoonful of the above mixture, and one drop of fl. Ext. of Ipecac., in half-tumbler of water, and gives of this a tea-spoonful every five minutes. With this treatment the worst cases are usually relieved in less than an hour.

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

Our readers must not forget that the Twelfth Annual Meeting of the National Eclectic Medical Association, will be held at New Haven,

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Conn., on Wednesday, Thursday, and Friday, June 21st, 22nd, and 23d, 1882. The place of meeting will be at Loomis Temple, and the meeting will be called to order at 10 A.M. on Wednesday.

The New Haven House will be the headquarters, where excellent accommodations can be had at $3.50 per day.

This meeting promises to be the most interesting one the association has ever held, and it is hoped that there will be a large attendance of delegates and permanent members. Those who have been appointed to prepare papers, and who will be unable to be present, should forward their manuscript to the Secretary, Dr. Alex. Wilder, 565 Orange Street, Newark, N. J., before the date of the meeting.

The ninth volume of Transactions is now in press, and will be ready for delivery at the time of the meeting. The volume will be a valuable one, and members must bear in mind that those in arrears for dues are not entitle to it.

MISCELLANY.

A PURPOSE IN LIFE FOR WOMAN.—We often hear it said that boys should be led to form a definite purpose with reference to their future. Practical writers, like Smiles, Mathews, Eggleston, etc., are emphatic in assertions of this kind when discussiong the nature of success in human life. Now, we are of the opinion that the statues of society in most of the civilized nations, Great Britain and America especially, imposes an almost equal necessity upon girls; that they also should have a clearly marked aim in living. With the development of education, with the multiplication of industries, with the refinement of ideas concerning the relation of the sexes, and with the discovery of special aptitude for certain departments of work in the world's great machine-shop, women have become more and more important factors in social progress. The period has passed when it could be said that woman's sole and true place is the privacy of the domestic circle—the station of wife and mother; and even if that were her only sphere she has far outgrown it, just as man has far outgrown his pastoral life of ancient days.

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The growth and differentiation of modern life have forced women into many places of effort once deemed exclusively the province of men. The growth of population, and the increasing inequality in the distribution of wealth, have made it necessary for a very large proportion of the women in every community to labor in some way for their support; and with the progress of time we have become accustomed to seeing women at the counter, at the loom, in the workshop, and at the desk.

The old chivalric nonsense about woman's degradation in being compelled to labor for her own bread is almost forgotten, and we are beginning to regard her with admiration proportioned to the capability she exhibits in the field she has chosen for the employment of her powers. Society is in fact becoming more and more convinced of the scientific fact that women differ in mental organization as much as men, and that many are better fitted for the outer, active life of the world than for the inner, quiet duties of the home, and any attempt to force upon all the same rule of life would not only be arbitrary and unreasonable, but productive of harm in the community.

The feminine brain is similar in constitution to the masculine; it has as many parts, as many organs, as many functions, as many faculties. It is, therefore, adapted to a varied field of action, and compulsory restriction to a limted sphere must result in unbalance and abnormality. With opportunity for the exercise of all the faculties, with training adapted to the general growth of brain and body, the many shiftless, fickle, helpless women who burden the so-called educated classes, would disappear, and in their place we should find thoughtful, diligent, useful members of society.

In well-to-do circles there is some remnant of the old notion that girls should not be expected to work for their own support, and there it is we find the largest proportion of women without a purpose; but it will not be long, we think, before the practical spirit of our era will have swept that notion from its ancient place, and the girls whose advantages for self-culture should be equaled by their opportunities for the exercise of their talents and acquirements, will, like their brothers, demand suitable employment. The ambitious, enterprising boy finds something to work for, some object tha whets his courage and stimulates his diligence; the ambitious, pirited girl equally meets an object--some material, encouragin

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object—toward which she can work, and impressing her with the noble sentiment of usefulness to the world.

Parents, teachers, guardians, you who do not help the girls intrusted to your care toward learning their capabilities, and toward having a definite aim, you are wanting in fidelity to your trust—you are responsible for their future career, and their failures will be recorded against you.—*Phrenological Journal.*

Tobaccoism.—M. Thorens has published some observations on *angina pectoris* caused by tobaccoism. His attention was called to the subject by the case of a patient who had most of the symptoms of angina pectoris, but in whom no cause for the affection could be found except excessive smoking. The patient smoked cigarettes, and swallowed the smoke, thus making the whole quantity of smoke pass through the lungs. Evidently the opportunities given for the absorption of smoke and nicotine in this case were colossal in comparison with those which would exist in a person smoking ten times as much, but in an open place and without swallowing the smoke. Another circumstance aggravating the affection was, that the patient smoked his cigarettes directly without the intervention of a holder, so that the smoke reached his mouth hot, without any chance having been given for the condensation of any of the volatile products. His mouth was moreover, in constant contact with the tobacco-leaves, so that the liability of absorption by the buccal membrane was greatly increased. Similar affections arising from similar causes, had been noticed by Beau and M. Gelineau, a naval surgeon, both of whom observed that the trouble was mitigated when the use of tobacco was moderated. The case suggests a number of precautions to be observed by persons who will smoke but desire to do themselves as little harm as possible, among which are never to swallow or inhale the smoke; to avoid smoking in an inclosed place, or at least to have the room as large and as well ventilated as possible; and to put as considerable a distance as is practicable between the light and the mouth, always using for this purpose long-stemmed pipes or cigar-holders. The driest tobacco and that which is weakest in nicotine, should be preferred. M. Thorens exonerates tobacco from the charge of producing cancer, although it is of course liable to irritate a wound already made, or a surface that has already been injured by heat.—*Popular Science Monthly.*

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Betulalbine in Urethritis.—Mr. E. Ferray *(Le Progres Medical)* has extracted from the bark of the birch tree, a beautiful green resinous substance, which is readily dissolved in luke-warm water, becoming solid and brittle by cooling, and taking in its ordinary temperature the form of the vessel in which it is contained. This substance is soluable in alcohol, ether, and spirits of turpentine. The author has given to the resin the name of *Betulalbine.* It has no taste, it being more agreeable than otherwise. The odor is like that of the withered birch tree, and has nothing of the odor of that species of tar called the oil of the birch tree, or Russian oil, the odor and taste of which are disagreeable. *Betulalbine* is said to have no noticable action on the healthy organism. It causes no chemical changes in the urine.

Mr. Ferray attributes to this medicine a happy action on urethritis, acute or chronic. He prescribes in pill form .02 gram of reduced iron and .16 gram of the resin, and an injection of tincture of *betulalbine*, 1 part, distilled water 24 parts. The mode of using the remedy is as follows. The pills are administered morning noon, and night, beginning with five and adding one each time until relieved, but never exceeding twenty-four pills in the twenty-four hours. As soon as improvement is shown commence the injections three times a day, taking care to add water if at first it causes smarting. The author reports a number of cases, which show rapid recovery, but they are made with two little detail, and are too few to carry conviction.

Pruritis Vulvæ Relieved by Iodide of Potassium.—At a meeting of the St. Louis Medico-Chirurgicai Society, Dr. Bryson related the following case. Having under treatment a patient suffering from fistula in ano and urethral stricture, he learned that the man had syphilis, and gave him constitutional treatment with potassium iodide while he was dilating the stricture. Not long after, he was called to treat the wife of this patient for most intolerable pruritus vulvæ. The general condition of the woman seemed to be very good; but she had been married seven years without bearing any children, and had once aborted in the third or fourth month of pregnancy. These facts, in connection with his knowledge of the husband's history, led the doctor to suspect a syphilitic taint in this woman; and he prescribed potassium iodide in doses of three grains

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three times a day. No local treatment was used, and in three days the distressing pruritus entirely disappeared. The iodide was continued for some weeks longer, with marked improvement of the spirits and health of the patient.

There was no eruption or other lesion characteristic of syphilis apparent about the vulva, and Dr. Bryson consides that the trouble was due to an obscure syphilitic nerve affection.—*St. Louis Courier Medicine.*

Breech Presentations.—Dr. S. Hamilton (*Edinburgh Medical Journal*, November, 1881,) makes some valuable suggestions as to the delivery of breech presentations. A forceps measuring two and three-fourths inches from blade to blade, and one inch at the tips, failed to give firm hold, and he, therefore, uses that of Ziegler, which has been brought together one-eighth of an inch closer in both directions. One finger, or two, hooked in the groin is the safest and most convenient instument, yet when the nates are high in the pelvis the traction thus exerted is not great, and in strong primiparæ requires long application. As a safer instrument than the bare hook, the author recommends the handle of the common craniotomy crotchet, over which an india-rubber tube is slipped. A soft surface is thus afforded, and the utility of the crochet is not interfered with. Dr. Hamilton rejects the use of the bandage, or thick tape, usually recommended in these cases, inasmuch as it is liable to do harm to the parts of the child, and is not easily passed when the nates are high in the pelvis. He resorts to an india-rubber tube to faciliate introduction. A piece of crinoline iron is given the proper curve and then inserted in a small rubber-tube, eighteen inches long, and passed around the groin. Traction can thus be employed without much fear of doing injury.—*Chicago Medical Review.*

Salicylate of Soda in Acute Articular Rheumatism.—After having proven the rapid and satisfactory results of salicylate of soda in the manifestations of acute articular rheumatism, Mr. Velpeau (*Le Progres Medical*) examines successively the last suppositions which have been admitted, on the mode of action of this medicine, its anesthetic virtue, its vaso-motor, antisypetic and diuretic actions, etc., and he

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arrived at the conclusion that the curative effects of salicylate of soda in acute articular rheumatism had been explained by none of the hypotheses which had been proposed. There are due to the action of this salt on the anatomical elements of the articular tissues which are all from the first effected by the disease, elements which should counteract the irritation which causes articular rheumatism. The disease, however, is not surely cured when the symptoms have disappeared, and the acute attack does not lose all its force even when gout had disappeared. We find that there is frequently a return of the articular rheumatism after a few days, if treatment is suspended. It is plain then, that inflammation of the pericardium, endocardium and pleura is produced in two, three or four days after the cessation of the gout, even though the medicine has been continued from the beginning of the disease.

Curative Oils.—To the factitious value still attached to some remedies of animal origin, attention has been called by the *Oil, Paint and Drug Reporter*. To the list may be added angle-worm oil, which can be procured of "any of the leading wholesalers" at fifty cents an ounce. "Some people still hold to curous old superstitions concerning the curative properties of certain animal oils; and to hear of the strange articles called for by some of the apothecary customers is to be reminded of the vagarres of early medicine. There are persons who still have great faith in the virtues of rattlesnake oil, and believe it a specific for rheumatism. A traveling quack who announced that his cure-all was compounded of rattlesnake oil, reaped a silver harvest from crowds on the square of a large city, not long ago. There is a frequent demand for pickerel oil, which is tried from the livers of pickerel, and is said to be a cure for deafness. Mud turtle oil is called for by people who have stiff joints. But two or three years ago all these oils were staple articles in drug stores. Pickerel oil sold for fifty cents an ounce, and turtle oil for one dollar a pint."—*Chicago Medical Review.*

Maltine.—In all diseases of general debility, wasting or atrophic affections, and in nearly all varieties of indigestion, maltine is a therapeutic auxiliary, the most valuable I have as yet encountered,

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and I am daily more and more convinced of its advantages. With the long and very extensive practical experience I have had of its value, I would be at an infinite loss to replace it in my daily practice, now that my confidence in its real merits has been so fully established. As a nutritive tonic I use it exclusively in the place of cod liver oil, and alone or in emulsion with the latter, I deem it a most important and useful therapeutic agent in pulmonary effections; and, as I have said before, in neuralgia, epileptiform complications, many varieties of paralysis, chronic and numerous other neurotic affections, I have found it a most important adjunct when combined with the standard remedies usually administered in such cases. In many perversions of nutrition, such as the tonic and nervous varieties of dyspepsia, maltine has a most happy effect, correcting functional gastric disturbance, improving digestion, promoting assimilation and *rapidly increasing bodily weight.—St. Louis Medical and Surgical Journal.*

Miracles not out of Date.—Dr. Giordano has reported upon a remarkable epidemic of morbid fanaticism, which is prevailing in the village of Alia, in Italy. The place is almost inaccessible, having but little intercourse with the world, and is marked by a barbarous style of living, and by the prevalence of intermarriage, with its usual concomitants of weak-mindedness, morbidness, and idiocy; consequently, superstition flourishes. After a long drought in February, March and April last, a religious procession was organized to obtain rain. The statue of Saint Francis was carried round, and the declaration of a fanatic that he saw water flowing on the face of the saint was readily taken up by the credulous crowd. The miracle was attributed to the intercession of a girl named Rosalia Giallonbarda, who, having formerly suffered from epilepsy, believed she had been cured by the saint, and was the subject of an excessive mysticism, with hallucinations. Her frenzy was caught by her relatives and neighbors, and spread abroad till the crowds of fanatics coming to visit her and the saint became so formidable that she was arrested, This "sacrilege" only stimulated the popular excitement. —*Popular Science Monthly.*

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Jamaica Dogwood in Strangulated Hernia.—In the March number of the *Gazette* are many reports in regard to the merits of Jamaica dogwood as an anodyne; but none of these reports mentioned the effect of this drug in regard to incarcerated hernia. Therefore allow me to increase the list of the happy results of piscidia erythrina as an anodyne.

On the 17th of February I was called early in the morning to see I. M., a strong young man of about 26 years. Found him suffering the most intense pains caused by incarcerated hernia inguinalis. Failing to make the reposition per manum and leaning him head downward over the bed, I ordered fl. ext. Jamaica dogwood, a small teaspoonful. About a half hour afterwards the prolapsed intestines fell back with a kind of snap, and after a few hours' sleep, accompanied with profuse sweat, got up and commenced to work as shoemaker, and said he felt as well as ever.—*Dr. F. Fermier, in Therapeutic Gazette.*

Hamamelis Virginica.—After a long series of observations Dr. Ferrand, of Paris, highly recommends hamamelis as a useful remedy in "passive congestions," and to it he attributes an exceedingly rapid, and specific action. He prescribes for outward application tincture of hamamelis $\frac{1}{3}$, glycerine $\frac{2}{3}$, and internally 25 drops of the tincture in a spoonful of water from four to twelve times a day. He has obtained good results in cases of pharyngitis, laryngitis, conjunctivitis, metritis and its varieties. Thus it is that our eclectic remedies are being tested and their therapeutic actions confirmed, after we have used them successfully for many years.

Boracic Acid as an Antiseptic in Certain Skin Affections.—Thin adds fresh testimony to the value of boracic acid in the treatment of fœtid perspiration of the feet. By wearing stockings and cork soles saturated with boracic acid the smell is at once annihilated. Besid e this, the tendency to profuse perspiration becomes gradually diminished, and in time completely disappears. He thinks this arises from some change in the horny layer of the epidermis. In one of his cases the epidermis of the feet became harder than usual, and at

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some parts developed into a thick horny crust. He also recommends a new mode of preparing an ointment of boracic acid. The thin, sharp-edged, crystalline plates in which boracic acid is met with cannot be reduced to an impalpable powder so as to form a perfectly smooth ointment. By dissolving the baracic acid in glycerine, Messrs. Savory & Moore have overcome this; and then, by combining the soulution with a suitable quantity of white wax and olive oil, a cream is obtained which possesses valuable properties as an ointment.—*Practitioner*, Dec. 1881.

Rhus Toxicordron—(Poison Oak).—Having noticed quite a number of remedies offered in the journals during the past twelve months for the cure of the distressing rash caused by poison oak, I offer a specific in "sassafras tea,"—an infusion of the root, or better, the bark of the root of red sassafras—for there are certainly two varieties, known as the red and white sassafras. Both diseased surface frequently, or constantly, in the cold infusion, or better, apply a wet cloth. I am very susceptible of this poison myself, and stumbled upon this remedy from painful experience about fifteen years ago. I have used no other remedy since that time, though frequently called upon to prescribe for this poison, and in several cases that were aggravated by the application of various remedies, many of them worse than the disease. In such cases I advise the warm infusion as a drink three times a day, which with sugar and cream, makes a pretty good substitute for tea or coffee. I have found this remedy a success in other skin-diseases.—Dr. R. L. Hinton, in *Southern Medical Review.*

Nasal Polypus.—In polypus of the nose, use as a snuff the powder of wild cabbage, or the juice of the root. The polypus will fall off in three or four days; but to effect a radical cure, the remedy should be continued for several days afterwards.—*Medical Mirror.*

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NEW PUBLICATIONS.

MATERIA MEDICA.*

The book before us is the second volume of Phillip's Materia Medica and Therapeutics, and is issued as the May number of Wood's Library of Standard Medical Authors. It is devoted exclusively to inorganic substances and their various compounds. Like the first volume, it shows that the author has given the subject careful and thorough study, and the numerous references to other authors, must prove valuable to the student of Meteria Medica and Therapeutics. Nothing new is presented, however, while the importance of the therapeutic actions of some of the remedies seems to us to be largely over-estimated.

HOMEOPATHY.†

Though we do not believe in many of the doctrines of Homeopathy, we do not approve of such wholesale condemnation of any system of medicine as is to be found in this brochure of Dr. Palmer's. That error has existed in Homeopathy, no one will attempt to deny, but it has also existed to a greater extent in the Allopathic school of medicine, and we venture to assert that the practice of medicine to-day, among the self-styled regular physicians, more nearly approaches homeopathy than it does the old school practice of Hahnemann's time. If we were to quote from the medical authorities of 100 or even 50 years ago, they would appear as absurd in the eyes of modern physician as anything that was ever written by Hahnemann or his followers.

That there is an important truth in the theory of like cures like, cannot be denied, and while the infinitessimal dosage of homeopathy has undoubtedly been carried to an extreme, there is no denying the fact that the over-medication of the allopathic school has been very materially checked by the teachings of Homeopathy.

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*Materia Medica and Therapeutics. By Charles D. F. Phillips, M. D. New York: William Wood & Co., 1882.

†Homeopathy, What is it? By A. B. Palmer. M.D., L.L.D. Detroit: George S. Davis, 1882.

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It is not to be expected that professors in the so-called regular school, will speak a word in favor of any system of medicine that differs from their own, but it is a well-known fact that many of the most profound scholars and thinkers of the world have been and are patrons of homeopathy and even claim that they have been greatly benefited by homeopathic treatment.

Many of the assertions made by Dr. Palmer are without foundation and incapable of proof; and are simply repetitions of the intolerant cry against homeopathy. Such lectures have been frequently written, but in spite of them the homeopathic school has increased in numbers and popularity and the best part of every community will be found employing homeopathic physicians. What ever opinion the members of Dr. Palmer's school may have of this work, it is evident it will have no influence in decreasing the popularity of the homeopatic school.

MUSIC IN MEDICINE.

Much has been said upon the power of music (*Cincinnati Lancet and Clinic*), to effect most beneficial results upon the afflicted, both in mind and body; and there can be little doubt that a very great deal still remains to be done when the subject shall have been more thoroughly investigated by the medical profession, and certain rules laid down for the treatment of such cases as would be likely to yield to its influences. We have recently heard of a doctor who, finding his patient in a state of confirmed melancholia, managed to induce her to try over some of the music for which she had an especial fondness in former years, and thus not only restored her temperarily to comparative cheerfulnees, but by prescribing a repetition of this medicine, and seeing that she obeyed his directions, at each of his visits, managed, in an almost incredible short time, to effect a permanent cure. Of course, in this case the remedy acts indirectly upon the nervous system, and almost unconsciously the patient is relieved. It will be obvious that in the case reported there are many elements of error. It is probable that the doctor was able to induce the patient to engage in music simply because she was in the initial stages of recovery.—*Chicago Medical Review.*

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The Medical Tribune.

VOL. IV. JULY, 1882. No. 7.

CHIAN TURPENTINE IN "EPITHELIOMATA."

BEING much impressed with the claim and writings of Dr. Clay, upon the use of Chian Turpentine, and feeling that he is a gentleman of too much sagacity and experience to advance in so positive a manner, what could not be demonstrated, I was prepared to expect much from this agent if properly used, in at least giveing relief in the distressing disease, epithehoma. The number of cases in which I have administered Chian-Turpentine has been limited, for the reason that Epithelioma, if not too extensive, is curable, as I have demonstrated again and again, and when what I judge to be curable cases presented, I could not bring myself to abandon my established line of treatment, which has proved so efficacious, for experiment, but kept for the proving of the virtues of this remedy, such cases as I was satisfied could not be cured by other means. Of the number treated, the citing of a single case—an extreme one—will serve to show the result obtained, as the course of its treatment embodies all the characteristics of the turpentine when administered.

Mr. W., æt 42, a florist by profession and an inveterate smoker, in the fall of 1878, was much annoyed by an abrasion of the lower lip, midway between its centre and the right angle of the mouth, which he could not heal. As it almost immediately began to assume a fungoid appearance, he obtained the best medical advice within his reach, and an operation was decided upon, but not however until after induration of the sub-mental glands had taken place.

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A "V" shaped incision was made from the right corner of the mouth, obliquely downward, to within a few lines of the border of the chin, and another from the centre of the lip downward meeting the termination of the first incision. Between these two cuts was included the tumor which was removed. The gap was drawn together by sutures and soon healed. All went kindly for a time as is usual under these circumstances. Within three months after the operation the sub-mental induration left by the operators showed evidences of disturbance, and soon became inflamed. Notwithstanding the history of the case the attending physician, evidently deeming it of but little consequence, laid it freely open with a lance. The incision here made never healed, and the texture of the tumor now in plain sight proved to be epithehal in character, and not scirrhus as was at first supposed. From this time on the ravages from infiltration were perfectly frightful, and when in February 1881, it first came under my observation it had assumed the following condition and dimensions: A foul ulcer under the chin extended from the symphysis, backwards and downwards to the os-hyoides, and from one angle of the jaw to the other, with ragged and everted edges, covered with a coarse granulation, which bled freely upon the slightest touch. The base of the ulcer was filled with a characteristic grayish white accumulation of dead and dying epithelial cells, from which was oozing a small quantity of turbid liquid, sometimes accompanied by a peculiar crumbling thick curdy material, not unlike sebaceous matter. The left sub-maxillary gland was enlarged to about five times its usual size, while the right submaxillary and parotid glands and the sub-adjacent tissues were all in a state of infiltration, and extremely tumified. The deep and superficial cervicle lymphatic glands were also involved, and greatly enlarged, thus making an enormous facial tumor, extending from a half inch below the orbital border to two and a half inches below the border of the inferior maxilla, and from the symphysis in front, to the cervical border of the trapezius posteriorly. A more disgusting sight it is difficult to imagine, as the patient and his surroundings were reeking with the foul odor which eminates from these malignant diseases in a state of ulceration. The tumor throughout was firm and tense and in a state of active inflammation. All that could be done to arrest its growth and progress had heretofore been of no avail, its increase being steadily continued.

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Such was the case in which I proposed to prove the efficacy of Chian Turpentine, and the results which followed I deem characteristic of its action, as the same, or nearly the same were obtained in each case where it was exhibited, this being but a type of the number treated. Although there was here a slight advance of pulse and temperature, digestion and assimilation remained exceptionally good though not perfect by any means. After advising a nutritious and easily digested regimen, to which I proposed to adhere through all my cases, I laid the basis of my treatment of this ugly case in the following three formulas:

℞.—Tinct. Hydrastis. ..... ℥ij.
Sig.—Ten drops in a little water, a half hour before each meal.

℞.—Terebinthi Chian..... ... . ℥v.
Rect. Spts.
Etheris Sulph. aa. ..... ℥j.
Acaciæ. ..... ℥j.
Aquæ q. s. ad. ..... ℥x.
Ft. Emulsio. M.
Sig.—A dessert spoonful an hour after each meal.

As a local application I use the following:

℞.—Zinci Sulph. ..... ℥ss.
Hydrastis Canad. ..... ℥j.
Morphiæ Sulph. ..... gr. j.
Aquæ. ..... Oj.
Sig.—Keep the parts moistened with the above continually.

Now mark the changes which follow. Within three days nearly every vestage of pain had disappeared, in one week no odor was perceptible about the patient or his room, and at the end of two weeks the entire tumor gave indications of speedily softening while its extent had not been enlarged two lines in any direction. All the epithelial substance in the base of the ulcer had been entirely cleaned away, with the exception of a small quantity contained in the small triangular space under the tongue, formed by the divergence of the diagastric muscles, its entire base showing a condition of granulation with a tendency to contraction, indicative of healing. When the entire mass showed indication of complete softening preparatory to being thrown out, the only question remaining in my

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mind was whether it was possible for any human being to survive so extensive a suppuration as was necessary to remove this enormous growth, provided he escaped all the dangers from divided blood-vessels, from which there was no small amount of danger; but as we were in for it there was nothing to do but to try. Seventeen days from the first administration of the turpentine the sub-maxillary gland pointed and discharged a pus identical with that which had been discharged from the first opening under the chin. The local application was now applied to the mass through this opening, by means of a syringe, three times a day, which materially aided the softening and increased the suppuration until the greater portion of the mass was sloughed away. The severance of the facial artery at this point, gave rise to a dangerous hemorrhage—dangerous from the fact that it occurred at night, and before I could reach his side he had lost considerable blood. This was the first set-back in the case and from which he was slow to recover. Up to this time his physical condition had been excellent, appetite almost perfect, relishing all he ate —and eating substantial food—scarcely any loss in weight, and under moderate exercise; his habits regular. Between five and six weeks from the commencement of the treatment the upper one of the enlarged cervical glands which had been so long in a state of softening began to show indications of opening. It was enlarged to nine times its ordinary size, and though circumscribed could by tactile examination be found to communicate with the mass. Upon opening it, it was found to communicate with the mass by sinuses. Two days following, the lower border of the indurated mass in the cervical region also opened and was found to communicate directly with the mass. We were now able to do good work with the local application, when a troublesome hemorrhage again appeared from a branch of the facial artery. Although the local difficulty was steadily improving, this last hemorrhage was followed by a turn of symptoms which have heretofore baffled all medical skill, and my patient died of amyloid generation of the liver and lungs, as was shown by the autopsy.

Notwithstanding the termination of this case, the action of the Chian Turpentine is clearly demonstrated, and proves it to be a valuable agent in the treatment of this form of cancer. It acts primarily as an anodyne, relieving all pain, generally within 48 hours, promptly arresting the growth and extension of the disease, and at

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once inducing a softening of the mass by entirely destroying the epithelial cells. From observation I feel justified in saying that its anodyne effect is produced by its action upon the circulation in and about the epithelial mass, emptying the capillaries, relieving their tension; and upon the same principle of cutting off the supply of blood, softening and total destruction of the cancer cells quickly follow. The antiseptic wash is a most valuable adjunct in the treatment of any form of cancer. As little ground as appears in the treatment of this case, for the expression of a positive opinion I am nevertheless convinced that had the care of this case fallen into my hands before the infiltration was so extensive, or even when confined to the gland alone, and before its peculiar system of lymphatics had so thoroughly invaded the surrounding tissues, the patient could have been cured under this treatment, for the local condition made steady improvement from the beginning; but no man of experience could entertain a hope from first to last of avoiding all the pitfalls of science the successful termination would entail.

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THE EXIGENCIES OF STRANGULATED HERNIA.

It is easy enough for surgical writers to lay down rules for the treatment of strangulated hernia, yet authors can never inform a practitioner just what to do in individual and peculiar cases. For instance, an elderly lady weighing two hundred pounds, has had an umbilical hernia for years; and latterly a lump of considerable size has been "out" all the time. Formerly it receded at night, but of late has been irreducible. At length, after dinner, the possessor of the hernia feels uncomfortable in the abdominal region, and inclines to belch and to go to stool. In time a sense of constriction and nausea intervenes; and an uncommon pallor blanches the face. The woman feels something dreadful impending, and sends for her medical adviser or family physician. He, upon arrival, makes

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inquiries which lead to an examination of the abdominal tumor. The lump is large and hard; yet there is nothing to assure or convince him that visceral strangulation exists. He may advise a rectal enema, and a quieting dose, but leaves word that he will call again soon. In two hours he is at his patient's side; but there has been no change for the better. In fact a 'vomiting turn' is refracted; and the facial expression of the sufferer indicates serious internal disturbance. No change is ordered, but the doctor promises to return in two hours, and keeps his word. Again he finds no improvement, but symptoms increasing in gravity. He feels the overweighing responsibilities of the case, and recommends that a surgeon be called in consultation. Hours pass before a meeting can be effected: and then the sufferer is covered with sweat, is constantly nauseated, and wears a haggard expression. The experienced surgeon recognizes the symptoms of strangulation at once, and believes that something important should be done without delay. He knows better than to waste valuable time in fooling with hot or cold packs, but resolves to give an anæsthetic, and then manipulate the umbilical tumor; he finds it hard as a rock, and not disposed to 'budge.' And he learns that the hernia has been irreducible for months, therefore he can only overcome the state of strangulation, and then let the lump alone.

Well, in such a case will taxis skillfully directed, overcome the constricting media and relieve the incarceration? Not for certain, yet a trial should be made. The manipulator tries every feasible point, as beseiging fort attempt to enter a first of the enemy, but no yielding place is found. After a while he, worried and foiled, determines to relieve the strangulating medium by cutting—but where shall he cut? I cannot definitely fix the point of incision in the skin, yet will say that a cut anywhere in the vicinity of the tumor will do, especially if it be extended. Through this aperture in the skin the forefinger may be inserted, carried freely in any direction, and made to find where the hernial protrusion took place; and there exists the constricting agency, which is to be rent through force impacted by the finger nail. Then, if the borders of the tumor be adhered to adjacent parts, so that reduction be impracticable, the finger is to make room for the circulation to be re-established, and the wound left to heal. Relief has been secured, and all done that can be judiciously executed, therefore nothing more is to

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be attempted. Possibly a "nincum" would endeavor to break up the adhesions and reduce the hernial mass, and possibly succeed in his fatuitous undertakings, but no discreet surgeon even proceeds to that length; and would consign the reckless person so doing, to the limbo of the fool's paradise.

In directing attention to a case of strangulated umbilical hernia, I have imparted a lesson applicable to all varieties of imprisoned hernias. A strangulated femoral hernia is to be reduced by manipulation, under anæsthesia, if it can be done in a few minutes, and without too violent efforts; but too severe bruising of a protruded viscus is hazardous—it may lead to gangrene of the prolapsing mass; even though it be successfully relieved from constriction and strangulation. It is better to cut early, and introduce a finger into the incision for the purpose of finding and locating the strangulating medium. The skin is so dense that the finger will not penetrate it, but beneath it the tissues are so loose and tender, that a digit may be pushed in any direction, and to any depth. And the finger is strong enough to lacerate any constricting medium, and to return to its normal place any protruding mass that ought to be *reduced*. In the relief of strangulated femoral hernia, only the skin needs cutting; but in inguinal hernia, the texture of the external oblique tendon is too dense and strong, to be readily torn, hence it, too, should be incised, a grooved director being employed to protect deeper structures. After the integument and the tendonous aponenerosis be incised, the finger may easily be carried to the point of constriction, and be made to break the band, fillet, or thread-like medium. No knife is needed, except to incise the textures indicated. If a strangulated femoral or inguinal hernia be an old protrusion and irreducible, the surgeon is only to overcome the incarcerating media, for that is all which can be safely executed.

In most instances it is not necessary to open the hernial sac, but the entire protruding mass may be confidently pushed into the cavity where it belongs.

In the event the surgeon is not called to a case until a gangrenous slough has formed in the bowel, he is to relieve the strangulation, if any still exist, and then leave a free opening for the discharge of fluids. He is not to push a sloughing gut back into the abdominal cavity, but is to leave it in the place where he finds it. In a few weeks the artificial anus will close by granulation along the border

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of the aperture, and be no longer troublesome. Pads may be worn in the gap to secure cleanliness. It is a mistake to think an artificial anus in the groin is necessarily to be permanent.

A. J. Howe, M. D.

Cincinnati, Ohio.

THE IMPORTANCE OF A CORRECT DIAGNOSIS.

That a correct diagonosis is of the utmost importance, in order to successfully treat our patients, is admitted by practitioners of all schools of medicine, and yet how few physicians in the present day, are able to diagnose disease as they should do, and correctly name it to the satisfaction of the parties most interested. A few months ago, the wife of one of our most estimable citizens was suddenly seized with the most excruciating pain in the region of the liver and stomach, in fact, extending quite through to the opposite side of the body. The family physician was at once sent for, and in a very short time was at her bedside. He was of that school of medicine who never make mistakes, and who call all physicians who are not of his peculiar kind and way of thinking, very naughty names. When the doctor was asked by her anxious husband, after the examination, what the disease was with which his wife was suffering, he replied it was a severe attack of gastrodynia, or what is known as spasmodic pain in the stomach. Of course the hyperdermic syringe with a good supply of morphine was quickly brought into requisition, with the result of prompt and entire relief; so much so, that the patient passed immediately from severe pain into a comatose state. So sudden was the transition, that the M. D. was looked upon as working a miracle, and he was in their estimation almost superhuman. Unfortunately, this delightful state of affairs did not last very long, for the patient *forgot* to rally from the transitory state in which the hyperdermic syringe of the doctor had placed her, and she passed over the river, in other words she slept the sleep of death. The sudden demise of this wife and mother, brought great affliction on the household, and they with one accord desired an examination,

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to ascertain, if possible, the cause of death. This proposition was readily acceded to by the accommodating M. D. Three of his friends were notified to assist in the autopsy. On bringing to view by the scaepel the internal viscera, they discovered a biliary culculi about half way through the duct. Nature had evidently been making a powerful effort to rid herself of this obstruction, and would no doubt have succeeded, had not her efforts been interfered with by the heroic dose contained in the doctor's syringe. Who will doubt that had the diagnosis been correct, and had relaxing applications been placed over the parts, and the doctor had kept his syringe in his pocket, nature would in a very short time have forced this obstruction through the duct into the duodenum, and thus have saved a valuable life. Moral: If you must use the hyperdermic syringe, do not place in it so heroic a dose.

About two years ago a patient called upon a physician in this city, with a severe pain in the inguinal region. On examining the case, the doctor come to the conclusion that it was hernia, yet not being entirely satisfied that this was the case, he sent for the demonstrator of anatomy in a neighboring medical college, to assist him in the diagnosis, and also if found requisite to perform the operation necessary for its reduction. After a careful examination by the Professor the diagnosis of the doctor was pronounced correct, that it was a true case of inguinial hernia, that an operation would be necessary in order to insure a success, and the time was appointed for the operation to be performed. Three of the students who were about to graduate, were invited to be present to witness or assist in the operation. The patient was placed in position, and the Professor then gave a clinical, or rather a learned desertation about the diagnosis, and how to distinguish a hernia from other diseases, etc., etc., etc. He then attempted to show them by his skill as a surgeon, just how the operation should be done, and as the knife entered the flesh, the *pus* began to flow. It was a bubo instead of hernia. There was a broad grin on the countenances of all present, but not a word was spoken, so the patient was none the wiser. He supposed a successful operation had been performed, and there certainly had been, for the patient was instantly relieved; though it was not exactly the kind of operation the Professor was prepared for and really expected to perform. However, all went off right in the estimation of the patient, and the operation was a success. Moral: Be careful of your diagnosis.

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In the month of September, 1881, I was hurriedly summoned to attend a case in consultation. I promptly responded to the call, and found the patient to be the wife of a physician, not however in practice. She was suffering the most intense agony, with a cold perspiration covering her body. A physician was present of the Allopathic school, under whose care the patient had placed herself for treatment. He was a gentleman, and received me cordially. I make a note of this from the fact that we are not always treated gentlemanly or courteously, when called to meet this class of physicians in consultation. At his request, I examined the suffering patient, at the conclusion of which I was asked *before* the patient, her husband and friends, for my opinion as to what was the cause of the severe pain, and what I thought ailed the patient. I hesitated somewhat about expressing an opinion *before* the parties, not knowing the opinion of the attending physician, and fearing there might be some clashing that might be injurious to the doctor. But as I had been asked by the *one* in attendance, I felt it my duty to answer. "She has *biliary culculi*," said I, "and one of these culculi is now passing through the duct, thus giving rise to the severe pain present." I think you are mistaken in your diagnosis, Doctor," said the attending physician. I have been attending this patient for six months; she has similar attacks about once a fortnight, I can always relieve her; but cannot prevent their recurrence. "What have *you* been treating her for?" I ventured to ask. "For neuralgia of the stomach, and I am satisfied *that* is her disease. Others agree with me in this particular." After this information thus obtained *before the patient and friends*, I re-examined the patient, thinking *I* might be mistaken. The following were the exact symptoms then present. Pain in the right hypochondrium, extending to the shoulder, umbilicus and lumber region. It was of an intermittent form. That is, it would cease for a moment, and then recur with increased severity. There was present nausea, flatulency and vomiting. The character of the pain was severe, and of a lancinating or boring character. She was not still for one moment; but roving from one side of the bed to the other, and writhing in agony, the cold sweat bathing the whole surface of the body. The white of the eyes had a distinct yellow tinge, and she had been in this condition for twenty-four hours when I first saw her. After the second, and much more thorough examination, I turned to the attending physician, and thus addressed him:

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"I very much regret, Doctor, that I cannot agree with you that neuralgia is the cause of this suffering. My last examination only confirms my first impression that gall-stones, or biliary culculi is her disease." He as strenuously insisted that *he* was right, but at my suggestion, consented to give drs. iv of Olive oil, the dose to be repeated once in two hours, until it operated as a laxative. We left positive orders for each stool to be preserved in separate vessels, for our examination next day. The oil had an admirable effect, relieving the pain at once, and in the second passage, we found three gall-stones. They were composed of cholestirine and bile pigment, and were about the size and shape of a small minnie ball. These were removed, washed and dried, and the patient still retains them in her possession. Here was a case of severe suffering at intervals, for six months, simply because of a wrong diagnosis. I did not think the case required an expert to tell what ailed the patient, it was so self evident from the symptoms. I made up my mind inside of two minutes after I entered the room, what her trouble was. I admit I was surprised when asked for an opininion *before* the patient and her friends. It is unnecessary to add that I have been retained as the family physician, in consequence of the doctor's indiscretion. Moral: Be careful how you ask for an opinion before the patient and friends.

D. E. Smith, M. D.

Brooklyn, L. I.

MEDICAL DIFFICULTIES.

Medical men, like men of other professions, have their difficulties. They have not always smooth sailing, unembarrassed by winds, breakers or tides, which are unfavorable.

Here is a tobacco chewing or smoking patient. Perhaps he has used his tobacco forty years, till he is fairly mithsidated by it. Had you called on him a few days before he called on you, and after kindly inquiring after his health, had you suggested, with ever so much modesty and moderation, the necessity of a change in his habits, he would doubtless have told you sarcastically, "Oh, I have used the 'poisonous creature' for half a life-time, and am not

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injured by it yet." And had you labored with him two hours, or even a whole day, to convince him of his error, your labor might have been wholly in vain. But now he is sick; not merely a little sick, but severely so. His nervous system is prostrated, as well as his muscular powers. Does he know how much greater the prostration is for having benumbed his nervous system with a filthy narcotic every day for one hundred and fifty thousand successive days? There is great irritation and tenderness about the region of the liver, with seasons of nausea, and perhaps vomiting. Does he know how much more severe his bilious affection is, in consequence of having narcotized his system daily for almost half a century? Constipation, alternated, perhaps, with occasional diarrhœa, is another troublesome symptom. Does he know how much of this is owing to his long use of tobacco? In short, he has been using medicine daily—for if tobacco is not a medicine, pray what is?—for forty years or more; and now he does expect other medicine, such as his physician may think it needful to prescribe, will have its wonted effect? Is there no danger of having his disease aggravated, rather than relieved, by the administration of new medicine? Does he not know that no physician in the world, however skillful he may be, can so apportion his doses to the case of an individual who has, for many long years, been dosing or drugging himself, till he has become mithsidated, or has passed beyond the moment of mithsidation to the gulf of cachexy or general prostration and helplessness, which lies beyond it? And does he not know—for if not his physician, if he is a man who is worthy of the name, knows it quite well—that all active medicine is like a sword with two edges, which cannot be used in the vital domain without doing execution in some way? for if it does not cut in one direction, it does in another.

Here is a patient who has used alcohol all his life-time. Perhaps, indeed, that life is but a short one. He is hardly thirty-five years of age, yet his constitution is as much impaired as that of many people at sixty. True, he was never intoxicated—he would have shuddered always, at the thought of a lurking suspicion in any human mind. But he has drank his dram at five o'clock, ere rising; at eleven o'clock, as a preparation for dinner; and at four o'clock in the afternoon, as steadily and as certainly as these seasons havs recurred, till his system is poisoned through every pore and fibre. And yet, till lately, he has scarcely felt a pain. Now, a host of exciting causes,

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as so many igniting sparks, have kindled into a flame all the latent predispositions to disease, which a long, but persevering course of transgression had induced. He realizes just now—did he but realize it—the full import of the saying of Solomon: "Because sentence against an evil work is not executed speedily, therefore the heart of the sons of men is fully set on them to do evil."

But what can be done with him? As surely as alcohol has circulated through every pore of his system for twenty or thirty years, just so surely has he been poisoned, as I said before, at every pore. The mucous membranes, in particular, are poisoned. For proof of this you have but to lay open his alimentary canal, or his bronchial tubes, and what do you see but hollow passages as red as fire—indeed, *on fire*—that is, in a state of sub-inflammation? Now in these circumstances what can medicine do? or if *anything* in *any shape*, what shall it be, and in what *shape?* No living medical man be he wise as the wisest of the present or past, can tell. He can guess, and perhaps a little better than those who have neither studied the human constitution nor the nature or power of medicine. But he must guess, still; it is only guessing in such circumstances. Is there no difficulty in the practice of medicine?

Here is a female patient. She has lived twenty years, it may be more, for I have seen women—married women, at least—who were over twenty. But young as she is, she is full of disease, and would gladly be freed from at least a part of it. What is to be done? We must look well to the causes of her suffering. She has neither drunk spirits or used tobacco. I recall; she has done both. She has drunk spirits, alcohol, whenever she has drunk cider, beer, ale or wine. All *fermented* drinks contain more or less of alcohol; and though she would not for the world have drank *distilled* spirits, she has not hesitated, occasionally, to drink *fermented* drinks—*wine* with considerable freedom. I have even heard her speak, with much emphasis, of the future triumphs of temperance, from the increased and very general cultivation of the grape and the consequent manufacture of large quantities of wine in this country as in France. But she has also drank tea and coffee *ad libitum;* and her nervous system is in a most terrible condition. How, in such circumstances, is her family physician to apportion her dose, whether allopathic or homopathic, whether botanic or mineral, to her case? Is he not quite as likely to madden still more, her already half frenzied brain as to allay irritation by his medicine?

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Or, finally, what is still more frequent among us, here is a child, "dreadfully sick" with bowel complaint. As yet he has never drunk alcohol, whether in one form or another, or smoked or chewed tobacco. Nor has he become, at such a tender age, an inveterate tea or coffee drinker. It is true he has been fed a year or two of the most important, because most formative stage of his existence, on the poisoned streams of the body of another individual; and it is equally true that he has been compelled to breathe, for many a juvenile hour, an atmosphere poisoned with the smoke of another's pipe or cigar. But this, though bad enough for incipient human life, is not quite so bad for him as another, and in its results, more deadly form of treatment still, at the hands of those who should have been his perservers and benefactors. Lay open his intestinal canal and you will find it, from beginning to end, having, as the vulgar phrase it, an angry appearance, and, perhaps, in some places, thickly studded with ulcers. Is this diseased membrane a suitable place for the exhibition of active medicine? Will any scientific medical man be so daring and reckless, in view of such considerations as are likely to present themselves to his mind, in these days, when called to a sick child, as to venture on what is usually called an active or bold treatment? Yet he is expected to do something—something, too, which will inspire confidence. The parents who have given their dearest child saleratus, pepper, salt, lard, butter, and all sorts of concentrations, and the grandparents who have, either by stealth or otherwise, given him extra rations, at all hours, especially those which were unreasonable, of pie, cake, sweetmeats and confectionery, will be the last to be satisfied with an expectant treatment. The physician knows all this; yet he knows that the more imminent the danger the greater the necessity of leaving Nature so undisturbed and unembarrassed, that she may exert the full force of her recuperative power, without which recovery will be impossible. So great will be his difficulty that it should so excite no surprise to hear him say, in the deep anguish of his soul, that it must be so, if people will live in this intemperate way, and thus irritate and poison their fluids, it were far better to trust the issue of Nature and good nursing than to attempt anything by means of medicine. Indeed, it may be laid down as an incontrovertible axiom, that all forms of medicine, in such cases, are much worse than nothing; and were society but aware of the facts in the case, they would either abandon their habits or abandon physicians and medicine. Both cannot, with safety, be retained.—Wm. A. Alcott, M. D., in *Medical World.*

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TREATMENT OF CHANCRE BY GLYCERINUM BORACIS.

THE experience of the last few years has satisfied me that in various forms of skin disease a simple non-irritating antiseptic application frequently leads to a speedy recovery. Amongst the antiseptic substances with which I have experimented I may instance borax as one that I believe will be found eminently useful in cutaneous affections. As an example of its beneficial action I propose to relate the history of three cases of chancre treated by glycerinum boracis, with results that I feel sure will encourage practitioners to give the method of treatment a more extended trial. I was induced to try this application by its good effect in the first case which I shall relate. As I did not take notes of the case I describe it from memory.

CASE 1.—In February, 1881, a man brought his wife to me and gave the following history. When on a visit to Paris he had contracted several chancres, which were cauterised and seemed to heal quickly. On his return to London he infected his wife, but his desire to conceal from her the nature of her malady led to delay in seeking advice. Eventually she had been placed under medical care and subjected to the ordinary routine treatment for chancre. She had had the sore cauterised on three different occasions, at intervals of several weeks, and had applied continuously water-dressings and black wash. Caustic had been last applied about a week before I saw her. She described her condition as being worse since the application, and complained much of the pain. The sore had latterly been steadily enlarging. I found a chancre as large as a sixpence at the entrance of the vagina on the left side. It was covered, except at the edges, with a black sloughy-looking mass. The edges were white and irregular, and the border of the sore was considerably inflamed. The sloughing appearance of the chancre, and the inflamed base, naturally suggested to my mind the action of a poison which was rapidly multiplying itself, and on the chance of the poison being parasitic—being a "germ"—I bethought myself of an anti-parasitic (or antiseptic) remedy and directed the sore to be kept bathed in glycerinum boracis. The rest is soon told. With the borax solution the inflammation speedily subsided, the surface

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became clean, and the ulcer healed without a troublesome symptom. Whilst this sore was being successfully treated a vesicle appeared on the frouchette. It soon ruptured, and left a small chancre, which did not spread latterly; but penetrated into the tissues. When my attention was called to it, a probe passed inwards for a quarter of an inch. I directed a solution of carbolic acid in alcohol to be applied, but this failed to get to the bottom of the sore, which continued to get deeper. I then procured proper instruments for the patient, and instructed her attendant how so plug the narrow channel with cotton wadding soaked in glycerinum boracis. From that time the canal-like sore began to fill up from the bottom, and soon healed completely.

Case 2.—A commercial traveler contracted a number of chancres about the middle of July, 1881. There were four on the glans penis, one on the frænum (which it destroyed), and two on the prepuce. Phimosis supervened, and on Aug. 1st, he laid up for treatment whilst on a provincial tour. Zinc ointment and black wash were applied, but the inflammation increased. About the second week of August he observed that there was also urethral discharge, and at the same time an inflamed gland in the right groin suppurated and eventually discharged. The sores were now painted with tincture of iron, which improved their condition. In the first week of September caustic was applied to them, with the effect of great increase of the inflammation. When he came to me on Sept. 24th, he had phimosis. with considerable pain and swelling, and it was impossible to retract the foreskin sufficiently to see all the sores. One on the glans penis, which was brought into view, was covered with a dirty-grey membranous looking substance. I directed him to insert with a blunt probe pieces of lint soaked in glycerinum boracis, so as to keep the glans and inner surface of the prepuce completely bathed in the solution. When I saw him five days afterwards, I was able to retract the foreskin completely, and I found all the sores clean and healthy. When he came a third time a week afterwards, they were nearly well. He did not find it necessary to visit me again, but I subsequently learned from him that a few days after his last visit he was perfectly well.

Case 3.—A powerfully built young man, an engineer, consulted me on September 25th, 1881, and gave the following history. In the beginning of July he contracted a chancre for which he was treated

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at first by a chemist, who salivated him without any effect having been produced on the chancre. He had then consulted a medical man, who burnt the chancre with caustic on three occasions, and directed the constant application of black wash. In spite of these measures the sore refused to heal. When he came to me I found a nearly circular sore about a third of an inch in diameter, on the inner surface of the fore-skin, having a greyish surface with a few red points. I ordered the constant application of glycerinum boracis. In two days the aspect of the chancre had changed, and it was less irritable. In a week it was well.

I trust that the results which I have described will lead to a more extended trial of this simple treatment. The theory on which the method was conceived, was that of keeping the surface of the sores saturated with a solution that would effectually prevent the development of organisms. Those who may feel disposed to try the remedy will, however, judge it by its efficacy in converting a poisoned into a healthy sore, and will not be prejudiced by theoretical ideas regarding the pathology of chancre. If opportunity unfortunately offered, I should feel encouraged to urge a trial of this remedy in phagedena and hospital gangrene. The well-known efficacy of the continuous bath in the latter disease possibly owes its power to the arrest of the development of micro-organisms—an effect which is attainable by the free and constant application of glycerinum boracis—Geo. Thin, M. D., in *The Lancet.*

SMALL-POX AND ITS TREATMENT.

From the year 900, when the first authentic narrative of Variola Discreta and Variola Confluens was given to the world by Rhazes, an Arabian physician, small-pox has been usually regarded as the most alarming or dreaded scourge of our common race—in fact, as the *hereditary* curse of mankind, an inheritance of exanthamatous disease, which not even time and medicine, together with vaccination and re-vaccination can destroy. In 1718, Lady Mary Wortley Montague, the eldest daughter of the Duke of Kingston, having accompanied her husband, Mr. Edward Montague, in his embassy to

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Constantinople, wrote very elegant "Lettars" to Pope, Addison, and other of our eminent literati of that time, some of which contain many curious facts respecting the morals and manners of the Turks. No doubt, the great proficiency she made in the Latin and Greek languages under the able superintendence of Bishop Burnet contributed in no small degree to place her at the head of female epistolary writers in Great Britain. While at Constantinople she obtained "*from the villagers*," as a sort of prototype, or original model for Jenner and vaccination, some empirical information respecting their practice of inoculating for the small-pox. Whereupon she turned lady-surgeon forthwith, performing the operation on her own son and many others, and by this means became instrumental in introducing inoculation into the east of Europe. Have millions cause to bless or curse her memory? I protest that inoculation actually *increased* the mortality from small-pox and the number of the blind. Jenner, in like method, in 1776, was sanguine enough to declare that a Gloucestershire milkmaid, one Sarah Melmes, whose hands had been poisoned by the "horse-grease" communicated to her master's cows, had given *him* the knowledge and power to conquer the vitality of small-pox, and relegate the disease forever to the limbo of absolute restraint, where dwell the extinct epidemics of the Middle Ages. What is the practical issue in 1882? As a matter of fact small-pox is *still* raging in the metropolis and elsewhere, whether owing to vaccination being intrinsically worthless as a prophylactic, or to gross carelessness and inefficient performance. For a long series of years, in the north of England, especially, I have found that even after vaccination and re-vaccination, it has occasionally lost *none* of those ugly features which rendered it alike repulsive and fatal in bygone times throughout the world. Yet, strange to say—a melancholy truth withal—I have this year, as ever, found Professors in British and Irish Universities asserting, *ex cathedra*, that "when small-pox occurs on a person who has been previously vaccinated, IT IS A VERY MILD, NON-FATAL DISEASE, and loses *all* its hideous characteristics"!!! Yes, this is the sort of stuff now being taught by lecturers on Clinical Medicine in Royal Infirmaries, and authors of "Text Books," Manuals" and "Guides," for students and practitioners, emphatically those "*preparing for medical examinations!*" LE BON TEMPS VIENDRA? Perhaps so; but alas! *When?* And what is more or *worse*, "neither vaccination nor

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medicine is of the slightest use or avail when small-pox *is* taken into the system, either when incubating, or after the appearance of eruption. This disease must run its course, naturally, under the most favorable circumstances that good nursing can furnish, in a cool, well-ventilated room, with light diet, and lemon-juice to diminish thirst, and regulate the bowels from time to time." Verily, Horace *has* peculiar merits as a classical poet, and one may safely declare that the facile manner, as felicitous as fascinating, in which he so gracefully philosophizes (without *appearing* to do it), the salt with which he seasons his thoughts on nature and human nature, on the affairs of life, ethical and social, generally, are a never-failing source of entertainment, the most agreeable and applicable, not excepting the dosimeiric treatment of small-pox.

> EST MODUS IN REBUS; SUNT CERTI DENIQUE FINES,
> QUOS ULTRA CITRAQUE NEQUIT CONSISTERE RECTUM.

May it sound in the *medical* ear of every wise man!

I once knew in the University of Erlangen, Bavaria, a truly charming, intellectual, and studious young man, named H. von Ziemssen. now of world-wide fame and honor, as the learned and accomplished editor of the grand and glorious "Cyclopædia of the Practice of Medicine," dealing, *inter alia*, with acute and chronic infectious diseases, and *of course*, in the profoundest style of erudition. But does he, or do his collaborators teach us any such art of healing, or relieving the sick, as is worthy of the Greek commentator on Hippocrates, who practiced medicine successfully before the birth of Christ? No! There is no aspiration or outpouring of the principle of Asclepiades, *cito tuto et jucunde*. That axiom seems to have been reserved for resuscitation by Hahnemann first, and Burggraeve afterwards, Otherwise, so far as Therapeutics are concerned, all we learn is vaccinate, re-vaccinate, isolate the *rich* man in his mansion—the poor it is essential to remove to a special hospital. Their clothes must be changed, thorough ablution must be kept up, the apartment fumigated, strict quarantine till the crusts fall off, and then destroy clothes and bedding. But what of the treatment in a purely medicinal sense? No drug, or chemical, is of paramount importance." "Saline draughts," as *placebos* for patients, merely, or possibly a gargle, cold cream, or carron oil, opium, chloral, or bromide of potash for some who are "restless," and anointing the

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body with fat, or should the sufferers itch *and* scratch—well, put on iced compresses, and tie their hands behind them! Having done thus, if death ensue—no matter; you have acted *secundem artem*, and therefore attend now with surpasssing interest to the *post-mortem* examination. Solemnly, seriously, and with sacred gravity I ask of Science and Philosophy, is it come to this? Has not dosimetry contributed materially to the progress of medicine as a practical, useful *art?*. Most assuredly, and fostered a love of catholic, experimental observation, at least in the case of those physicians I rejoice to know, who are also philosophers, and whose hearts are as large as their intellects, in France, Belgium, Spain, etc.

It is hardly necessary in The Medical Tribune, to make any lengthened remarks on the specific poison termed small-pox. Whether germs of bacteria, or some of their several subdivisions, be the cause or effect, we have to deal with a primary fever of twelve days incubation, ushered in with rigors, vomiting, and *severe pain in the small of the back*, which last is truly characteristic of varioloid pyrexia, as are likewise acute delirium in the adult, and violent convulsions in children. A papular eruption appears after three days, on the forehead, neck, and hands, then on the trunk, and lastly on the lower extremities. If separate and distinct, we call it variola discreta, but when the papules coalesce, variola confluens. Further, it may be typhoid, black, or malignant, if the eruption be hæmorrhagic, or filled with blood, or serum, *i. e.*, not umbilicated, or a pustule depressed and *divided*, when the vesicle of transparent lymph is changed into pus, with a peculiar, greasy, horrible stench, an odor, in short, if once perceived, never forgotten. No permanent mark, however, is left, if due scientific attention be paid to the *true* skin, by means of warm baths, carbolic acid, lotion hydrocyanic acid, with atropine internally, and the dry powder of oxide of zinc externally. As for diagnosis and prognosis, I think small-pox may be distinguished in the dark, or blindfolded, provided always you are truly assured of the acute pain in the small of the back, and can really feel the varioloid eruption, like so many shot under the skin. At least, I have never been mistaken, in this respect, during half a century past, or in the usually *grave* omen, literally and metaphorically, of the corymbose outbreak, which groups itself into patches; salivation profuse, laryngeal or tracheal complications, eruption copious, *et ergo*, dangerous, temperature in the rectum, 104 degs.

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With dosimetric treatment, consisting of *aconitin, veratrin, atropin,* and *arseniate of strychnine* judiciously chosen, the mortality of small-pox may be under 1 per cent., *judging from my experience,* abcesses, suppuration of the glands of the neck, ophthalmia, deafness, from disease of the *membrana tympani,* boils, erysipelas, ulceration of the cornea, inflammation of the lungs, pleurisy, renal disorders, and the rest, notwithstanding. Fever is regulated mostly by *aconitin,* cerebral disturbance by *atropin* or *veratrin,* alternately, putrid symptoms of secondary fever with black scabs are chiefly averted by *arseniate of strychnine,* the whole resulting in a tonic nervine influence, and speedy restoration to health. Dosimetric physicians find no sloughing sores or other indication for brandy and wine; rest, mutton and milk, with toast and water, ensuring both diet and quiet. —VIVAT ARTIS CONDITOR!

WM. HITCHMAN, M.D., M.R.C.S.

Liverpool, England.

BROOKLYN ACADEMY OF MEDICINE.

TWENTY-FIFTH ANNIVERSARY—PRESIDENT CARMAN'S ADDRESS.

ON the evening of May 15th, 1882, the Brooklyn Academy of Medicine celebrated its twenty-fifth anniversary, by holding a public meeting.

This is one of the oldest Eclectic Medical Societies in the United States, as well as one of the most enterprising and prosperous. It was pleasing to observe that several of the pioneers of eclecticism in Brooklyn, who were among the founders of the Academy, appeared at this meeting after a quarter of a century of hard work, as hale and robust as many of the younger members. Among them were to be seen Drs. H. S. Firth, Benj. J. Stow, D. E. Smith, and H. E. Firth, all of whom have been honored by our State and National organizations, with the highest offices it was in their power to bestow.

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The meeting was called to order at 8 o'clock by Dr. G. P. Carman, the President elect for the ensuing year. He addressed the meeting as follows:

LADIES AND GENTLEMEN: In behalf of the Brooklyn Academy of Medicine, I extend to you a cordial welcome to this our twenty-fifth annual meeting. It is our sincere hope and desire that you may be pleasantly and profitably entertained.

We are Eclectics, but as the term seems to be so well understood at the present day, it would be superfluous in me to enter into a detailed definition. There are other gentlemen whom I will have the pleasure of introducing to you this evening, who will, in all probability, enter more minutely into details, regarding the principles of our school, and whom I have no doubt, will do the subject more justice than I can.

I cannot refrain, however, from adding, that it must be a pleasing and satisfactory spectacle to some of the old pioneers and veterans whose hair has grown gray in the service, to realize that the efforts of their younger lives were not spent in vain, and that the budding of their broad and liberal principles has blossomed, and brought forth abundant fruit. The hardships, persecutions and denunciations that are usually heaped upon those who *dare* to promulgate new teachings, new theories, and new practice, in all the arts and sciences, can only be realized by those who have taken the initiative in tearing up root and branch, the old and false theory and practice so long running rampant the world over.

I am glad for one, that they have lived long enough to see their fond hopes realized, and let us, the younger portion of the fraternity, not lose sight of the boon their teachings have brought to us. There was a bitter and long-continued fight for supremacy, but they overcame all obstacles and hindrances. They have levelled down for us a comparatively smooth and pleasant path, so that now it only seems necessary to announce yourselves as Eclectics, and your business is already established. This is undoubtedly owing to the success of our predecessors.

More than a quarter of a century has elapsed since the Eclectic practice of medicine began to be agitated, and since then it has taken a *bold and firm* stand, and proved by its logical and undeniable facts, that its philosophical principles *cannot* be controverted. Therefore, to keep pace with our claims, our watchword should be

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"*Press Onward.*" Let us labor in the paths of progress, with that indefatigable energy, which must be crowned with success to all who are seeking the truth.

The age in which we live is *practical* and exacting. The people cannot be blinded by the superstition of past ages, so that it behooves us to work out and *vindicate* the *Truth* in our every day work.

It must be acknowledged, however, that the practice of medicine has not yet arrived at that degree of exactness that we would all wish for; but by increasing efforts put forth, we shall be able to accomplish much more in the future than in the past. We shall at least succeed in sweeping away the distinctions and lines of demarkation that have existed for so long a time in the medical profession, and in that event give to our confiding patients the benefit of the combined experience of all schools of practice.

No school of medicine should be sustained in forcing upon the people treatment that has been proven to be false and deleterious to the human family. The days of bigotry are fast drawing to a close, and philosophic common sense taking their place. It is also our bounden duty to give those who confide in us the benefit of the most advanced and successfully demonstrated treatment, be it Hydropathy, Electropathy, Homeopathy, Allopathy, Thomsonianism or Magnetism, and not shut ourselves up in an egotistical shell, and refuse to give honorable credit, where honest merit is entitled to it. Such is liberal practice. Such is progressive practice. Such is Eclectic practice. By working upon these principles, with a good moral character, and a gentlemanly deportment toward all, we can meet in the sick room practitioners of all schools; and in an intelligent and unbiased consultation, *without regard to ethics*, make the interest of our patients paramount to all other interests. Let us do our duty, and while working upon broad and liberal principles, upon the most advanced thought and practice, the people of progressive America will not be slow to appreciate it.

Dr. Chas. E. Griswold then read a synopsis of the proceedings for the past six years. This was followed by addresses from Drs. H. E. Firth, L. P. Grover, H. S. Firth, Alex. Wilder and R. A. Gunn.

The audience, which completely filled the hall, seemed much interested in the proceedings, and were evidently warm friends of liberal medicine.

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At the close of the exercises, the members of the Academy and their invited guests, repaired to another room, where an elaborate collation was served, to which all present did full justice.

The gathering broke up at a late hour, and all went home feeling satisfied that the cause of Eclecticism in Brooklyn, was well established in public favor.

OBSTINATE CONSTIPATION FROM CANCER OF THE RECTUM.

Cancer of the rectum is remarkably insidious in its origin, and uncertain in its progress, giving rise at first to such symptoms as are usually put down to constipation, for this symptom is the most prominent feature, while the occasional pain and bearing down, or straining, are looked upon as the result of constipation. I was called to see Mr. S. living near Ft. Ticonderoga, on Lake Champlain, and as I was quite a distance from any source of supply, took with me such articles as might be useful in his case, having previously learned about his condition. I found that the patient, a man sixty-five years of age, had not had a movement of the bowels for six weeks, that he was greatly troubled with tenesmus and pain in the back. His pulse was eighty-eight, no nausea, and his tongue was of a brownish black hue. At that time there was a small ulcer, about the size of a quarter of a dollar, on the anterior portion of his right wrist, the condition of which has been improving lately. For about a year previous to this obstinate constipation, his stools had been ribbon-like. Said patient's brother died of cancer of the rectum. A bougie was introduced ten inches up the rectum, the same having been previously quieted by an injection of starch and laudenum, to prevent any tenesmus, which might be caused by the introduction of the bougie. As near as could be ascertained, the cancerous condition was located from two to five inches up the rectum. I now introduced a catheter for the distance of eleven inches up the bowel and gave an injection of equal parts of castile soap-suds and molasses. A teaspoonful of magnesia, to be followed by half a glass of lemonade, was also ordered every two hours. In about an hour the patient

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commenced to have natural passages, the first he had had for six weeks, and continued to have them about every half hour for eight hours, when I was obliged to leave him. I afterward learned that he had regular movements of the bowels for some time.

In the above case, the cancerous condition of the rectum had probably produced a partial stricture, which was situated some distance up the rectum, and the feces had become impacted and hardened. For a week previous to my seeing him, injections were given in the ordinary way twice a day, but without any result. Regarding the condition of the rectum, that is a matter for further consideration and treatment.

CHARLES S. ALLEN, M.D.

85th ST. and PARK AVE., New York.

BROWN SUGAR UNDER THE MICROSCOPE.

As it may not, perhaps, be uninteresting for some of the many readers of THE MEDICAL TRIBUNE, to know something of what they eat and drink, I will, with your permission, state what I have frequently seen in a few grains of raw, brown, unrefined sugar, when placed under an objective of four hundred diameters of the microscope.

I fear, however, the great objective power of the instrument will forever set you against all sweets, but especially that of sweetening your tea and coffee with brown sugar. The intensity of horror that came over me as I viewed the ugly-looking creatures, and observed the fearful battle that was going on in the few grains of sugar which lay before me, was anything but soothing to my nerves. It was such a sight as no one can conceive, who has not had an opportunity of observing what I will make an effort to describe. I have seen dozens, I am sure, of the most horrible-looking insects, in less than twenty grains of sugar, which appeared (under the power mentioned), as large as fleas, and somewhat resembling lobsters. Their legs or arms were provided with four joints each, with pinchers at the end, and covered with short, shining hair. Their heads were incased within a ring of ten or twelve spear-like *tentacula*, from the end of their nose (or what appeared to be their nose), had twelve to fifteen

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long, worm-like feelers, which they kept in continuous motion, for the purpose (it seemed to me), to ward off danger, from any and all directions. And from their hinder-parts were presented ten or twelve spear-like bristles; I presume for protecting themselves from dangar in that direction. Their bodies were about $\frac{1}{8}$ of an inch in length, with dark lines on each side, similar to a *head louse or acarus scabies*, and they were in continual motion, throwing their ill-looking limbs in every direction, hitting their fellows, who seemed to resent the freedom indulged in, and perfect bedlam seemed to exist among them, for I never saw them when they were not fighting one another, and tearing each other in a terrible manner. I do not know that these insects are natives of the sugar mentioned, or only invited from its want of clea..liness.

I have never been able to find any insects in refined sugar, but have observed them occasionally in the poorer quality of figs, and also in some prunes, and other foreign fruits.

Wm. Jones, M. D.

Newburgh, N. Y.

ON ANTISEPTIC MIDWIFERY AND SEPTICÆMIA IN MIDWIFERY.

The writer considers at length the physiological peculiarities of a woman during the latter part of pregnancy and during the lying-in period, and discusses the various meanings which have been attached to the term septicæmia. In regard to the puerperal condition, he would differentiate three kinds of blood poisoning, which he describes as follows:—"1. The self-empoisonment resulting from the loss of balance between absorption of waste stuff and its secretion. This may be called *endosepsis*, since the poison arises within the system. 2. Self-empoisonment from absorption of the foul stuff of decomposition in the uterus. This may be called *autosepsis*, since the puerpera takes poison of her own making. This is what has been more especially called septicæmia. 3. Empoisonment from foreign sources. This may be called *exosepsis*. This may be a simple endosepsis, bu autosepsis also implies endosepsis; and exosepsis is

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a compound of all three." Endosepsis is not communicable or infectious. Autosepsis is, while exosepsis is doubly infectious, both as autosepsis and as a zymotic. Antiseptic midwifery the writer summarizes in the following rules:—"1. Keep the door shut against the enemy by maintaining contraction of the uterus. 2. Prevent the enemy from forming and collecting by irrigating the parturient canal with antiseptic fluids. 3. Eject the enemy as fast as he effects an entry; that is, keep the excretory organs in activity. 4. Guard the lying-in chamber against the approach of foreign poisons. 5. Fortify the patient against the attack of the enemy by keeping up due supplies of wholesome food." Among the measures recommended in obedience to those rules, the writer advises that contraction of the uterus be maintained, first manually, then by a pad and binder, by an aperient the day after labour, and by the use, three times a day for three weeks after delivery, of a mixture containing quinine, ergot and digitalis; also washing out the uterus, twice daily from the second day, with carbolic acid solution 1-50, and most imperatively so "should there be the slightest rise of temperature and pulse." The strictest antiseptic cleanliness must be employed on every hand. It is suggested that a solution of sulphurous acid, 1-40, would be preferable to the carbolic lotion. The importance of good ventilation in the lying-in room is insisted on. As regards hospital practice, it is advised that every woman should be delivered under the spray. "This disinfects nurses and pupils who are assisting, and prevents the entrance of germs or foul matter into the genital tract at the moment when it is distended and opened by the passage of the child." Carbolic spray of 1 in 80 should be nearly continuously in each ward.—By Robert Barnes, M. D., London (*American Journ. of Obstet.*, Jan. 1882).—*Edinburgh Med. Journal.*

INFLUENCE OF ANÆSTHETICS ON THE HEART, AND ON THE ANTAGONISMS OF POISONS.

Dr. Ringler has recently published two papers (*Practitioner*, June and July, 1881), which throw considerable light on the action of

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anæsthetics on the heart, and incidentally on the vexed question of antagonism. The observations were made with Roy's apparatus, a description of which will be found in Dr. Roy's paper "On the Influences which Modify the Work of the Heart" (*Jour. of Phisol.*, vol. i, p. 462). Considerable difficulties have hitherto been experienced in working this apparatus, arising chiefly from the inconvenience of having to obtain fresh blood for each experiment.

Dr. Ringer finds that the dessicated defebrinated bullock's blood, imported by Parke, Davis & Co., of Detroit, Michigan, answers the purpose admirably. It can be readily obtained, as it is frequently used for enemata in cases of gastric ulcer, etc. For physiological purposes it is dissolved in distilled water, and then diluted with saline, one part of blood-mixture being used to two of salt solution. In each experiment three ounces were used, the same blood being employed in the same series of observations, so that the poison and its antidote were intermixed.

Chloroform acts powerfully on the ventricle of the frog's heart. Like lactic acid, muscarin aud jaborandi, it lessens both the height and duration of trace until, finally, the heart is arrested in diastole. In one experiment, a minim of chloroform nearly stopped the ventricle; and when the heart had almost ceased beating, the addition of ten-minim doses of strong solution of ammonia at once restored its action, until the contractions became almost as powerful as at first. The addition of ten drops of chloroform demonstrates most conclusively the mutual antagonism existing between chloroform and ammonia.

It is clear that chloroform does not arrest the ventricle by stimulating the inhibitory apparatus, for the portion of the heart employed contains no inhibitory nerves. Chloroform clearly paralyzes the muscular substance of the heart, for it is well known that the muscular tissus will beat rythmically without the presence of nervous ganglia. It is evident, therefore that, did the chloroform paralyze only the ganglia of the ventricle, the ventricle would still continue to beat. Further experiments made with the lower half only of the ventricle render this certain, the ganglionless and nerveless portion being affected in exactly the same way as the whole ventricle.

Atropia does not antagonize the action of chloroform on the ventricle: nor will the previous addition of atropia prevent the action of the chloroform. Ethidene-dichloride affects the ventricle in

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exactly the same way as chloroform. Ether affects the heart in a far less degree than either chloroform or ethidene-dichloride. Large doses accelerate the heart's action, and make each beat a little weaker; but the amount of work done is considerably greater, the increased frequency more than compensating for the diminished force of each contraction. Ammonia and ether, like chloroform and ammonia, are mutually antagonistic as regards the whole ventricle. Bromide of ethyl arrests the ventricle acting on the muscular substance It is far less powerful than chloroform, but more poisonous than ether.

Iodoform and ammonia are mutually antagonistic, as shown by their action on the ventricle. A fifth of a grain of iodoform nearly stopped the heart, and then ten-minims of a one per cent. solution of strong ammonia restored the contractions, which were again arrested by another dose of iodoform. This was repeated on the same heart three successive times.

The importance of these observations cannot be overestimated, throwing as they do a new light on the whole subject of antagonisms. Rossbach (Pfluger's *Archiv*, Band xxi Heft 1, page 1, 1879), contends that drugs are never mutually antagonistic. He maintains that when a tissue is paralyzed by one poison, it is impossible to stimulate it by another. For instance, whilst atropia, he says, antagonizes pilocarpine, pilocarpine cannot antagonize atropine; atropia paralyzes the sweat apparatus, and pilocarpine is no longer able to stimulate it into action. He admits that after small doses of atropia pilocarpine can produce sweating, and this he explains by assuming that atropia paralyzes first the nerve of the sweat gland, and later, the gland appartus itself. After a small dose of atropia the nerve oniy is paralyzed, and then the piloçarpine can still stimulate the glandular cells; but a large dose of atropia paralyzes the cells also, and then pilocarpine is powerless.

Dr. Ringer's recent experiments demonstrate the fallacy of this argument. The lower half of the ventricle consists of only one substance, muscular tissue, so that the antagonism cannot be due to an action on different structures.—*London Medical Record.*

Thymol.—An ointment may be made of this antiseptic by mixing twenty grains with one ounce of vaseline. It is said to be useful in eczema, pityriasis and as a parasiticide.—*New Remedies.*

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THERAPEUTIC EFFECTS OF DAMIANA.

In *Paris Medical*, No. 48, we read that damiana, turnera aphrodisiaca is a herbaceous plant belonging to the portulaca family, and growing in Brazil and on the western coast of Mexico. Its flowers are white, and have the odor of buchu. It is gathered during August, while its stems are covered with an odoriferous gum-resin.

Damiana has for a long time been used among the Mexicans as a tonic; its stems and leaves are made into a decoction, which is taken to restore strength and nerve energy. It is also given in cases of impotency in either sex. It exerts a specially tonic and stimulating effect on the genito-urinary organs of both sexes, and when given in medium doses, acts as an aphrodisiac, an alterative, and a laxative, with a tendency to increasing the urinary secretions and developing sexual desires. In small doses, it appears to have specific tonic effects on all the pelvic organs, and gives increased activity to the secretions. It is also recommended as a nervine.

Damiana could, therefore, be used as an aphrodisiac in spermatorrhœa, in atrophy of the testicles, and in incontinence of urine; also as a powerful stimulant of the cerebral faculties, and in all accidents attending premature labor, in difficult menstruation, and in the diseases following gestation.

The effects of damiana are quite different from those of strychnine, phosphorus, or cantharides which are given in small doses, for the purpose of obtaining immediate results. It acts, not as an irritant, but as a stimulant of the brain, and a tonic of the nerve centres governing the urino-genital apparatus, and its use has to be continued for several weeks. Its effects are chifly noticeable on the sympathetic nerve, and when taken in large doses, it produces a peculiar intoxication, attended with slight pains in the prostatic region. Its good effects on the kidneys, the bladder, and the genital organs, are also manifest.

In doses of teaspoonful three or four times a daily, continued for several days, damiana has a pleasant laxative effect. The fluid extract is generally prescribed; it is combined with equal parts of pure glycerine, or syrup of tolu, or a fruit syrup of some kind. It

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may also be taken in wine. It is given in doses of thirty to sixty grains, three or four times daily. A solid extract is also prepared, of which the dose is thirty to sixty centigrams, (=gr. iv ss—gr. ix.) —*Medical and Surgical Reporter.*

CASCARA SAGRADA FOR CONSTIPATION.

For the past two years I have been making constant use in my practice of the fluid extract of cascara sagrada (rhamnus purshiana) for chronic constipation. It always affords relief in even the most obstinate and inveterate cases, and seems to effect a permanent cure. My methods of using it are as follows:

For persons who do not object to the intense bitter taste of the medicine in plain water. I ordered a two-ounce bottle of the fluid extract, with directions to begin by taking ten drops in a wineglass of water before each meal. If within two or three days this does not produce a regular natural evacuation every morning, the patient is to increase the dose by two or three drops every day until the required effect is produced; then to continue with that amount regular three times a day for a week or ten days. At the expiration of that time, I advise that the dose be decreased again by taking one drop less every day, until it is reduced to nothing. Then, if the habit of soliciting a movement punctually at a regular time every morning is kept up, there is usually no more difficulty. In many cases the initial dose of ten drops three time a day is quite sufficient. Occasionally it is found too much, and five or six drops answer every purpose. In the more obstinate cases, however,—cases of patients who have accustomed themselves to take three or four compound cathartic pills, or some harsher quack concoction, every few weeks or days, "to keep their liver acting,"—the bowels sometimes require half-teaspoonful, and in rare instances even teaspoonful doses, three times a day to bring about regular alvine evacuations. Taken in this way before meals this medicine acts as a tonic to the stomach, increasing the appetite and improving the digestion, at the same that it strengthens t' e peristaltic movements of the intestines and apparently stimulates the normal functions of the liver.

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But the cascara is one of the bitterest of medicines and many persons, especially ladies and children, cannot take it unless it is first well disguised by elixirs, etc. For the benefit of these I have been accustomed to compound it as follows:

℞.—Ext. cascaræ sagradæ. ..... f ℥ vj.
Glycerinæ. ..... f ℥ j.
Curacoæ. ..... f ℥ ij.
Syr. glycyrrhiz. ad. ..... f ℥ vi.

M.—A teaspoonful of this mixture, which is comparatively palatable, will represent about ten drops of the cascara; and a tablespoonful of the same, which is usually all that the worse case require, taking it three times a day.

A solid extract of the same drug is now prepared, so that it can be ordered in proportionate doses in pill form, for those who prefer pills to potions.

These cascara preparations seem to me to act even better than the famous dinner pill, and other aloetic pills which have been so much in vogue for two generations at least. One thing is certain, they accomplish the purpose of a laxative most admirably, and usually—though not in every case—the dose can be diminished or even omitted altogether after a time, while other laxatives nearly always lose their effect, larger and larger doses becoming necessary.—Dr. Boardman Reed, in *Medical Bulletin.*

BILIOUS HEADACHE WITH FLATULENCE.

℞.—Magnesiæ sulphatis. ..... ℥ vj.
Magnesiæ carbonatis. ..... ℥ j.
Tinct. lavand. co. ..... ℥ iij.
Aquæ menth. pip. ad. ..... ℥ viij. M.

Sig.—A sixth part to be taken early in the morning, and repeated as may be necessary.

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The Mirror.

Justice is the great standing law of civil society, and any policy without justice is, in the end, no policy at all.—EDMUND BURKE.

THE CODE AGAIN.

SINCE our last issue the American Medical Association has held its annual meeting, and, true to its past record, has denounced the New York State Medical Society for changing the code of ethics, so as to allow of consultations with all legally qualified practitioners of medicine. This action does not effect the so-called irregulars in the least, for they are perfectly able to look after their own interests and to protect their patients without the aid of the bigots who arrogate to themselves all the knowledge and all the learning of the profession.

The Allopathic School of Medicine has ever been the enemy of progress, but in spite of their intolerance, reforms in medicine have been made, and liberal men in the profession have lived and prospered. As it has been in the past, so it will be in the future, and the more advanced men of the New York Society will survive the ostracism they met with at the hands of their National organization.

Among those who took part in the discussion against the change in the Code, was Dr. Sayre, of this city, a man who does not hesitate at any time to consult with physicians of other schools, when a good fee is to be had. We know of several instances in which he has consulted with homœopathic physicians, knowing them to be such, and yet his conscience did not trouble him for thus violating the Code. In spite of this, he insists on continuing to inforce upon others, a

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rule which he does not himself hesitate to violate whenever it is to his interest to do so. Many others, who as earnestly uphold the Code in the conventions, violate it with impunity in their daily practice. In short, it is a convenient instrument with which to enslave and oppress young physicians, while the so-called leaders of the profession do not consider themselves in the least bound by its provisions.

The action of the New York Society is but an entering wedge, and we expect before long to see others of larger size placed in the crevice and driven home with much greater force. We believe that before many years the American Medical Association will either cease to be, or will be as anxious to disown the disgraceful Code by which it has been so long governed, as it is now to disclaim the name Allopath. But the record of mistakes and blunders, of bigotry and intolerance they have left behind them, cannot be effaced, even though they claim as their own all the discoveries of the ostracised medical reformers, and deny that they have ever been anything but the "true eclectics."

OPERATION OF THE DOCTORS' LAW OF 1880.

We recently visited Cooperstown, N. Y., as a witness in a trial of a physician, who was endicted for practicing medicine without a license and without registering, as required by Chapter 513, of the laws of 1880, of the State of New York. The facts of the case were these: Dr. S. Andral Kilmer, a regular graduate of Bennett Medical College, of Chicago, of the class of 1875, was located in Binghamton, Broome County, and prior to October 1st, 1880, registered his diploma as required by the law. He subsequently visited patients in Otsego County, and believing that his registration in the county where he resided was all that the law required, he did not register in the last-named county. He succeeded in curing his patients and in arousing the jealousy of some of the self-styled "regulars" of Otsego County, and the result was that he was arrested for practicing without a license. He explained to the District Attorney that he had his diploma duly registered in Broome County; but this officer and the doctors asserted that no Eclectic College had any authority to grant a

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diploma that would be a license to practice medicine. Dr. Kilmer was thus placed in a position where he had to prove the validity of his diploma, and the standing of the college from which he graduated. This he had no difficulty in doing, and after the testimony was in, he was promptly acquitted.

Although he was thus victorous he was put to great expense in defending himself against his professional rivals, who thought to satisfy their enmety by forcing the county to prosecute a man, who had equal rights with themselves, before the law.

This case is a fair example of how eclectic physicians would be treated if the old school had the power in their own hands. We have other examples in mind which we shall have occasion to speak of at another time. At present our only purpose is to warn liberal physicians against joining hands with those who have so long oppressed them, and who now seeks our co-operation to oppress some one else. We believe in that "freedom that is only limited by conceding equal freedom to all."

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

The thirteenth annual meeting of the National Eclectic Medical Association was held at New Haven, Conn., on the 21st, 22d, and 23d, of June, 1882, according to announcement.

The meeting was called to order by President Latta, of Nebraska, at 10 o'clock, A. M., on the morning of the 21st. When the roll was called, it was found that twenty states and seven colleges were represented, and about 150 delegates and members attended the meeting.

Several of the sections organized and reported by title the papers presented to them, and recommended for reading before the full convention, such as were especially interesting. In this way many short practical papers were presented, while the longer essays were referred to the publishing committee.

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The following were elected officers for the ensuing year:

President.—Prof. A. J. Howe, M. D., Cincinnati, Ohio.

1*st. Vice-President.*—Prof. A. B. Woodward, M. D., Tunkhannock, Pa.

2*d. Vice-President.*—H. K. Stratford, M. D., Chicago, Ill.

3*rd. Vice-President.*—M. F. Linquist, M. D., New Haven, Conn.

Secretary.—Prof. Alex. Wilder, M. D., Newark, N. J.

Treasurer.—James Anton, M. D. Lebanon, Ohio.

Topeka, Kansas, was selected as the place of meeting for next year.

The Eclectic Medical Association, of Conn., entertained the association by an excursion and soiree at Savin Rock, and in many ways contributed to the enjoyment of those from a distance.

This meeting may certainly be recorded as among the most successful the association has ever held, and we have no doubt the next volume of published transactions will certify to this fact.

THE HANGING OF GUITEAU.

At twenty minutes to one o'clock, on June 30th, 1882, Charles J. Guiteau was executed for the assassination of President Garfield. Thus ends the last scene of the tragedy which was begun on the second day of July, 1881, by the shooting of the President by the insane Guiteau.

The political quarrel that fired the brain of the assassin and prompted him to attempt the life of the President, the gross ignorance and mal-practice manifested by the surgeons having charge of the case, the method of paying the bills incurred, the trial of Guiteau, and the hanging, are alike disgraceful to the American people, and the civilization of the nineteenth century. At this time, however, we have only to do with the execution, which, we believe, future generations will look upon as the blackest stain on the jurisprudence of our country.

The so-called medical experts in the case are not recognized as authorities, and a strong conviction remains among the great mass of

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the profession, that the scientific experts of the case had, to say the least, not been fairly investigated. For ourselves, we believe that from the time he entered the Oneida Community to the hour of his death, Guiteau was a fit subject for an insane asylum; and had he shot anyone but the President of the United States he would not even have been tried for murder, but would have been adjudged insane and treated as such.

Hanging under any circumstances ia a method of punishment only suited to the barbarous age in which it originated, and it does not speak well for our civilization to see so many thousands of people always anxious to witness the dying struggles of the victims of legalized murder. How much worse then to hear so many calling for the execution of a man about whose sanity and responsibility there are many grave doubts.

THE LAST HOURS OF GARIBALDI.

Our correspondent at Rome sends us the following interesting particulars of the last hours of Garibaldi:

Rheumatoid arthritis was for nearly ten years the malady under which General Garibaldi labored. About four years ago it deprived him wholly of the use of the lower limbs, not so much from its effect on the articulations as from the muscular atrophy induced by want of exercise. The arms were quite flaccid from the disease, and the hands were not only attenuated, but contorted and irresponsive to flexor or extensor movement. To sign the letters which he had always to dictate, the General had the pen fixed for him between the shrunken thumb and the stiff, extended forefinger, and, to keep it from slipping out, the forefinger had to be encased in worsted. With a back and forward working of the arm he was thus able, though not without difficulty, to indite the letters of his name. His digestive appartus, however, did its part regularly, and except for the periodically recurring pains in the joints—and excruciating these pains often were—he complained of nothing. Matters were in this stage when, last year, though frequent coryza caught in the windy and

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changeable climate of Caprera, he began to be disturbed by paroxysms of coughing, which, from being dry, yielded muco-purulent expectoration, and never quite left him. In March last, owing to a fall sustained, the cough became so urgent that removal of his residence from Caprera was mooted. The agitated sea, however, was not lightly to be encountered, so fine weather had to be available, and meanwhile, the cough became aggravated, expectoration difficult, the stomach frequently in anti-peristalsis, and the prostration severe. An appeal was made to him to be present at the celebration of the sixth centenary of the Sicilian Vespers at Palermo, and, yielding to the persuasion of his son Menotti and his physician, Dr. San Giovanni, he embarked for Naples. Arrived at Posilipo the expectoration became freer, and a sensible amelioration of the general health ensued. Here he benefited by the visits of the distinguished consultants, Drs. Tommasi, Cantoni, Cardarelli, Bonomo, Semmola, and De Martino. Toward the close of his sojourn at Palermo, the fatigue of the celebration told on him; he sustained a relapse, and immediately returned to his loved Caprera. There he again improved sensibly for some weeks, inasuuch that Dr. Albanese, of Palermo, returning through Rome from a visit to him, assured everybody that years of life were yet in store for the General. But on Tuesday, the 30th ult, a chill threw him back, a chill supervening on imprudent exposure to which the great heat had tempted him. On the Wednesday certain issues in his hands became closed; œdema of the throat and laryxn made swallowing difficult, and he had to take nourishment artificially. On Thursday he felt his end approaching, and desired his children to be removed, to spare them the sorrow of seeing him. By the evening of that day the bronchial catarrh was profouse and expectoration difficult, and Dr. Albanese was summoned by telegraph from Palermo. Meanwhile his son Menotti, his wife Erancesca, and Dr. Connoni, of the war-ship *Cariddi*, anchored near Caprera, were constantly by his bedside. On Friday morning, after an agitated night, he insisted, against the dissuasion of Dr. Connoni and his family, on taking a tepid bath, after which inhalations to relieve the oppression of the bronchial catarrh were administered. By eleven in the forenoon he was obviously sinking, and only at long intervals and very slowly was he able to murmur a few words of inquiry as to the hour of the day, and whether the steamer with Dr. Albanese on board were in sight. At 6.20 P. M. on Friday he died of asphyxia—the heart's action, too,

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having notably failed. His last conscious utterance was to call his son Manlio to his side. On the 23rd January, 1861, Dr. Riboli subjected Garibaldi's cranium to minute examination. "The General," says the doctor, "is one metre and sixty-four centimetres in height. I took measurements of all the proportions, the width across the shoulders, the length of the upper and lower limbs, and the periphery of the body; in a word, he is a man of symmetrical build, strong, and of the neuro-sanguineous temperament. His head is remarkable for its volume; its principal characteristic is the height of the cranium measured from the ear to the vertex (therein resembling Sir Walter Scott's), and this is 20 centimetres. This special prominence and that of all the upper part of the head denote at first sight and without previous examination an exceptional organization. The development of the cranium in the upper part (the phrenological seat of the sentiments) indicates, according to that theory, the preponderance of all the noble faculties over the instincts. In short," concludes Dr. Riboli, "Garibaldi's head presents a gronp of phenomena, rare if not without precedent; the perfect harmony of all the organs and the mathematical resultant of their *ensemble* yiefds specially—abnegation of self paramount and complete; prudence and cold blood; natural austerity of habits; almost continual pensiveness; eloquence grave and controlled, and loyalty dominating all."—*The Lancet.*

MISCELLANY.

Hints for the Diagnosis of Ovarian Tumors.—Dr. A. Macdonald gives the following hints in the Edinburgh *Medical Journal* for November:

1. *Pregnancy.*—The possibility of pregnancy, the signs and symptoms of pregnancy, and waiting if in doubt, place the diagnosis beyond possible mistake, with a fair measure of care.

2. *Fibroid.*—A large fibroid with solid walls, leading to general enlargement of the uterus moves with the sound, the peculiar feel of the uterus, and the nearly constant menorragia, suffice to keep the diagnosis correct. It is quite common to hear a bruit in a case of uterine fibroid; only in vascular sarcomata is such audible if the tumor is

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ovarian. But much greater difficulty is experienced in cases of fibro-cystic tumors connected to the uterus, with or without pedicle. In that case we must try to ascertain whether the tumor is connected or disconnected with the uterus. Then the cyst of a fibro-cystic tumor may be tapped, when we expect to find only a thin fluid of great density with some blook-corpuscles, and possibly some non-striped muscular fibres. But in those cases it is often found that only an exploratory incision can determine the diagnosis with accuracy.

3. *Renal Cists* begin below the false ribs and extend downward and forward. Then have a line of resonance betwen them and the liver, due to the tranverse colon, which is of value, as showing they are not of hepatic origin, and when aspirated they contain urea. Usually accompanying such there are urinary symptoms, but not always.

4. *Ascites* exhibits the characters of the motion of fluid in an imperfectly filled cavity. Accordingly, when the patient lies on her back the abdomen is flattened anteriorly, the flanks give a dull note, and there is clearness round and above the umbilicus. With change of the patients position the areas of resonance alter. Thus if the patient is turned on her left side, the right flank gives a clear note, and *vice versa.* In case of tapping an ascites the clear gelatinous fluid charactisic of ovarain tumor is obtained.

5. *Hydatid Cyst of the Liver.*—In this case the tumor grows from the liver, distending first the distance between the ensiform cartilage and the umbilicus, the reverse of an ovartan cyst. Again, tapping and discovering acephalocysts in the fluid is convincing evidence of the true nature of the tumor.

6. *Hysterical Abdominal Distention,* commonly known as spurious pregnancy, need deceive no one, as the purcussion is uniformly resonant, and the tumor disappears under chloroform.—*Canada Medical Record.*

Nitro-Glycerine—Dr. Hammond, in a paper read before the New York Neurological Society, recommends nitro-glycerine in some forms of epilepsy and hemicrania. He says that in that form of epilepsy, known as the *petit mal,* in which bromides, as a rule, have but little curative action, nitro-glycerine is of peculiar efficacy. He commences the treatment by giving one drop of a one-per cent solution three times a day, and increases the dose by a drop every

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month, until the end of a year, when the patient will be taking twelve drops three times a day. In the *status epilepticus*, a condition in which the paroxysms succeeds one another so rapidly that there is no conscious interval, results have been obtained better even than those following the administration of the nitrite of amyl.

In typical hemicrania, he has had also great success with the nitro-glycerine. He is of the opinion that many cases can be permanently cnred by means of it. It is only in the *anœmic* variety of headache that it is useful.

Korcynski reports five cases of angina pectoris where the use of nitro-glycerine was attended by the most gratifying results. In speaking of its use in this formidable malady, he says that it is immaterial what induces the angina; its relief by nitro-glycerine is generally certain. Cases associated with or due to chronic valvular disease, atheromatous condition of the blood-vessels, degeneration of the muscular tissue of the heart, are all readily relieved by this drug. If the attacks are due to deficient or perverted cardiac innervation, they are not only relieved for the time, but can be permanently prevented by the continuous administration of the nitro-glycerine. Workmen employed in handling nitro-glycerine, even in the form of a weak solution or pill mass, are affected by it very unpleasantly. It causes headache, flushing of the face, nausea, sleeplessness, etc.—*Canada Medical and Surgical Journal.*

A New Ptosis Operation.—The insufficiency of operations hitherto proposed for the relief of complete or nearly complete ptosis, with little or no power in the levator, is well known. Pagenstecher (*Arch f. Augenheilkunde*, xi. 2. *Centralblatt f. pract. Augenheilkunde*, April, 1882) has devised an operation which depends for its effects on bringing the frontalis to act directly on the upper lid, and thus substituting the action of this muscle for that of the levator. This is accomplished by producing a superficial vertical cicatrix connecting the frontalis with the edge of the lid. A needle is entered about a finger's breadth above the supraorbital ridge and carried downward, beneath the skin to emerge at the level of the lashes; a thread is drawn through, and the ends tied together without much dragging. Each day the thread is pulled on till it finally cuts its way out. The reaction is very moderate; the disfigurement cuused by the scar is

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very little, and much more than made up for by the improvement in appearance obtained by relief of the ptosis. Pagenstecher has found one suture suffice in the cases operated on, but suggests that two may sometimes be necessary. For incomplete ptosis a modified form of procedure is advised. A thread armed with two needles is used. One needle is passed under the skin of the lid, paralled to and near the lashes, for a distance of one or two millimetres, drawn through, re-entered at the point of exit, and carried upward beneath the skin to a finger's breadth above the supraorbital ridge. The other needle is then carried from the point where the first needle entered, also upward, to emerge at the same place as the first, above the brow. The two ends of the thread are drawn moderately tight and fastened. The loop thus formed may be removed after a longer or shorter time, or allowed to cut itself through, according to the indications of the individual case, and in this way a wholly subcutaneous cicatricial cord is produced. Care should be taken not to sink the needles so deeply above the brow as to wound the periosteum, lest a connection between the skin and periosteum might occur and prevent movement of the vertical cord.—*Boston Medical and Surgical Journal*, June 1, 1882.

Tannic Acid in Albuminuria.—In the course of some experiments on albuminuria, Ribbert examined the influence of tannic acid on the excretion of albumen through the renal glomeruli. He produced albuminuria in a rabbit by closing the renal artery for an hour and a half, and then injected a 5 per cent. solution of tannic acid into the jugular vein. At the end of half an hour, when the albuminuria is usually at its height, the kidney was excised, and heated to coagulate the albumen. It was found that the amount of coagulated fibrin within the Malpighian capsule was far less than in the case of animals not subject to the influence of the tannin but otherwise treated in a similar manner. The possibility of a direct action upon the glomeruli is further shown by the investigations of Lewin, which have proved that, however tannin is introduced into the system, the greater part of it passes away by the kidneys. Further experiments were made with tannate of soda, of which a much larger quanity can be injected without causing death by coagulation of the blood. It was found that after the injection of 25 cubic centimetres of a 2 per

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cent. solution, the glomeruli were, for the most part, entirely free, and in only a few was there a narrow zone of albumen. A smaller qaantity—e. g., 12 cubic centimetres had a similar, although slighter effect, fewer of the glomeruli being entirely free from albumen. Thus albuminuria of traumatic origin may be arrested by tannin, and the results constitute an experimental confirmation of the use of tannin in nephritis, recommended on clinical grounds by Frerichs. Rippert believes that tannin will be useful chiefly in the earliest stage of nephritis, which, he thinks, always commences in the glomeruli, and that it should be continued for a considerable time—*The Lancet*, June 17th, 1882.

Virchow on Soups and Broths.—The distinguished German professor and politican has been accused of being the chief opponent of soup. He says that this is not true, for he had merely said that meat broths are neither nutritious nor "substantial." That if all the meat which one uses should be boiled and soup made of it, the meat would become for the greater part indigestible, and the soup would not be a substitute for it. Ordinary meat broth or boullion in its pure form can only be recognized as a condiment. By the addition of eggs, flour, fat, and other things, it may acquire a certain nourishing and heating value. It is, primarily, only a very dilute aqueous solution of substances that are in part of low value as heat producers, such as gelatine, and in part of the stimulating aromatic parts of the meat. Taken warm, it is of nearly the same value as coffee or tea, but is inferior to wine, schnapps, or beer; it only stimulates the nerves. It has one advantage over every other condiment, namely, it contains no poisonous substance, it ts incomparably milder, hence much better adapted to feeble persons; and finally it can be very conveniently combined with substances that are actually nutritious, and imparts to them an agreeable and "substantial" taste.—*Scientific American.*

An Improved Method of Treating Uterine Displacements.—Dr. Robert Bell, of Glasgow, gives the result of his experience in the treatment of uterine displacements by vaginal tampons of cotton-wool soaked in a solution of alum and carbolic abid in glycerine.

Dr. Bell's solution is the following: Glycerine, 80 0z.; carbolic acid, 1 1-4 oz. This solution, it will be observed, theoretically—and

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Dr. Bell claims to have found practically—fulfils most desirable indications. The glycerine depletes, and so lessens congestion by its affinity for water; the alum constringes, and so braces up the vaginal walls; and the carbolic acid, by its antiseptic properties, renders it possible for the cotton to be retained for a convenient length of time. He usually employs only one large tampon, but in some cases of flexion, uses two—a small one pushed well up in front or behind the uteris, and a larger one beneath it. In the case of prolapsus, if there be laceration of the perineum, this must be first rectified. The uterus is elevated as nearly as possible to its normal position, and there retained by a suitable sized tampon of cotton soaked in the solution. Thus can be retained for three or four days without becoming offensive, on account of the antiseptic ingredients. He claims to have seen patients thus completely cured of procedentia, which had existed from three to eight years of perseverance in the treatment for from two to seven months.—*Am. Med. Digest.*

Treatment of Acute Dysentery with Aconite.—Dr. William Owen (*Indian Medical Gazette*) reports one hundred and fifty-one cases of acute dysentery occurring in the Convict Hospital, Port Blair, India, which were treated with tincture of aconite. All the cases were typical examples of acute dysentery, and all, with one exception, recovered. He states that he was led to give aconite a trial, as the remedy most likely to be successful, from the following considerations: 1. From its beneficial action in other acute inflammations; 2. From its effects on the capillaries of the skin, which it dilates, thus relieving internal congestion; 3. From its antipyretic action in febrile cases; 4. From its sedative on the mucous membrane of the stomach and intestines, and its beneficial action in some forms of dyspepsia. In the first case in which he tried this remedy he was somewhat diffident, and he had ten cases in which a combined treatment of ipecac and aconite was used. However he soon discontinued the ipecac entirely, finding there was no occasion for its use.

Dr. Owen gives one minim every quarter of an hour for the first two hours, and a minim every subsequent hour, or thirty minims in twenty-four hours. This method he finds to be followed by the best results, inasmuch as the action of the medicine is more rapidly established, and an effect on the disease was more quickly produced than by the other method.—*Med. News.*

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Aconite in acute Dysentery.—Dr. W. Owen, Port Blair, India (Indian Medical Gazette, April 1, 1882), reports having treated one hundred and fifty-seven typical cases of acute distentery with aconite. He was induced to give aconite by the following considerations: First: Its influence in other acute inflammations. Second: From its relieving internal congestion. Third: It has a marked antipyretic action in febrile cases. Fourth: It has a sedative action on the gastro-intestinal mucous membrane. He gives one minim of the tincture of aconite (British Pharmacopœia) every quarter of an hour for the first two hours, and a minim an hour subsequently, making half a drachm in twenty-four hours. This method has been found by him to be followed by the very best results in the great majority of of his cases.—*Chicago Medical Review.*

Corrugated Paper as a Splint.—Dr. Walter Pye gives an account (British Medical Journal) of a new splint, which he has found of great value. Its most important feature is flexibility combined with stiffness. It is made of a material known as corrugated paper, and is very cheap and light. Dr. Pye says: "From the purely surgical point of view, I have found this corrugated paper extremely useful. It can be used in all those cases in which the expensive kettle-holder splinting has been employed, and makes about the best angular splint for the elbow I have ever seen. The commercial use to which this paper is put is principally that of either packing wine bottles in cases, or else of enabliag single bottles to be wrapped up in a parcel not indicating its contents." The corrugated paper thus used in surgery by Dr. Pye is of American invention.—*Chicago Medical Revisw.*

PROF. GOSS' PRACTICE OF MEDICINE.

Prof. I. J. M. Goss, of Marietta, Georgia, announces that Dr. J. M. Miller, of Philadelphia, Pa., will publish his Practice of Medicine by subscription. The work will contain about 500 pages, 8 vo., and will be sold for $5.00 in cloth, and $6.00 in sheep. Those paying in advance will get the work for one dollar less.

Those who are familiar with Dr. Goss' writings will not fail to recognize the value of his work, and we can confidently predict that the therapeutics will be of the most advanced order.

Subscriptions should be sent to J. M. Miller, Post-Office Box 1918, Philadelphia, Pa.

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NEW PUBLICATIONS.

MEDICAL ANATOMY.*

This volume, which is the June number of "Wood's Library of Standard Medical Authors," 1882, presents the subject of Anatomy in its relations to practical medicine, in a way that every physician as well as surgeons should understand it. Many students look upon anatomy simply as a stepping stone to a knowledge of surgery, and if they have no taste for surgery they think the time spent on anatomy is mostly thrown away.

A thorough knowledge of regional anatomy, and the relations the various organs and tissues bear to each other, are indispensible to a correct diagnosis in nearly all diseases we are called upon to treat; and those who have not already made the application for themselves will find this work of great value in pointing out the most important relations between the symptoms of disease and the organs involved in the morbid action.

NATIONAL TRANSACTIONS.†

The Ninth volume of the National Eclectic Medical Association Transactions, which is before us, is a credit alike to the Association and its secretary. The minutes of the eleventh meeting are full and exact, and these together with the reports on the status of eclecticism constitute the first part of the volume. Part second contains the scientific reports and other papers, arranged in regular order, under the respective sections. On looking over the table of contents we find five papers under the heading of Surgery, four on Hygiene and Medical Jurisprudence, three on Obstetrics, nine on Practice and Materia Medica, one on Physiology, and eight on Diseases of the Mind and Nervous System.

The volume is certainly a valuable contribution to the literature of the eclectic school of medicine, and Dr. Wilder deserves much credit for the thoroughness with which he has performed his work as compiler and editor.

*Practical Medical Anatomy. By Ambrose L. Ranney, A. M., M. D. New Y: Wm. Wood & Co., 1882.

†Transactions of the National Eclectic Medical Association, embracing the proceedings of the 11th annual meeting, held at St. Louis, Mo., June, 1881. Vol. IX. Edited by Alex. Wilder, M. D., Secretary. New York: Nicholes Publishing Co., 1882.

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The Medical Tribune.

VOL. IV. AUGUST, 1882. No. 8.

QUEEN OF THE MEADOW.

DURING the months of July and August, and in our northern border as late as September, a purple flowering shrub may be seen in every meadow and along the edges of low woodlands. From its majestic appearance it is called "Queen of the Meadow;" from its relation to thoroughwort, purple boneset; and botanically, *eupatorium purpureum*. The *root* is the part used in medicine; it has a musty odor and an aromatic flavor, and yields its therapeutic properties to boiling water or alcohol. The chemical constituents are an alkaloid, a resinoid, and a neutral principle; and its general properties are diuretic, tonic, stimulant, and astrigent.

Eupatorium is analogous in its action to asclepias, senecio, chimaphila, apocynum, and galium. We will study its therapeutic action in relation to the urinary apparatus, sexual function, muscular system, spinal cord, and its use in fevers, hæmorrhages, and in diseases of the respiratory tract.

I.—Its action upon the urinary apparatus is quite important. Given in large doses of the decoction it is a very powerful diuretic, causing an enormous flow of clear limpid urine of low specific gravity. If pushed it produces vesical irritation, with painful urging, which results in the frequent discharge of small quantities of high-colored urine loaded with mucus and epithelium. In small doses of the tincture I have seen it cure diabetes insipidus and glycosuria. The following case will illustrate:

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The patient, male, aged thirty, of sanguine-bilious temperament, a bricklayer by occupation, became greatly over-heated while at work, and drank excessively of iced-water, sufficient to cause a chill followed by congestion of the kidneys. When he applied at the dispensary for treatment some weeks subsequently, the amount of urine secreted was excessive; the skin was dry and harsh; the mouth and pharynx dry with great thirst; and there was slight erythematous eruption on his face. The amount of urine passed daily amounted to about eight quarts, pale like water, slightly acid when first voided but quickly becoming alkaline when exposed to the air, specific gravity 1006. In other respects the patient seemed in normal condition except that he suffered from heavy dull pains in the head. He was given one-tenth grain doses of eupatorium purpureum every two hours. In one week the amount of urine voided was reduced nearly one-third, specific gravity 1009; and in about a month after he was discharged cured.

In glycosuria it will sometimes help permanently while in other cases the benefit derived is only transient, and some other remedy must be substituted for it. It seems to act best in those cases where there is a strong desire to urinate a few minutes after the bladder has been emptied.

In suppression of urine in infants it is one of our notable remedies; and it will benefit a like condition in pregnant women, and when arising from uterine displacement. Inflammation of the mucous membrane of the urinary passages of the bladder, with or without hæmaturia, with desire to urinate every half-hour, the stream being smaller than natural, is cured by it.

Eupatorium purpureum is of marked benefit in all gravelly affections; but it seems to act more efficaciously in the removal of uric acid deposits than of other calculous formations. If with these we have the condition recognized as irritable bladder, with incontinence of urine, it is specifically indicated. This use of it was common in domestic practice long before its adoption by the profession, whence its name—gravel root.

I have never found it of much value in noctural enuresis, except when associated with calculi in the bladder. In dropsy it has been used with signal success by many of our physicians. It will be found curative in that form of dropsy for which apocynum is such a grand remedy, when there is passive congestion of the kidneys with

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torpidity of function, and bloating of the abdomen and extremities with distressing dyspnœa. Its action may be increased by giving alternate doses of ampelopsis, apocynum, or helonias. Vesical irritability, with burning in the bladder after urinating, restlessness, aching in the lumbar region, with heat and swelling in the hypogastric, is cured by it, especially when such a train of symptoms occurs in a female patient.

II.—Impotence in one sex and its concomitant, sterility, in the other, arising from abuse of the sexual function, and associated with urinary disorders, are often cured by this drug. The following case shows its usefulness here:

Mrs. N., aged twenty-six, of delicate, refined appearance, applied at the dispensary for treatment, in November, 1879. She had been married four years but had never been pregnant. Menses were scanty and had been so from the first, apparently caused by atony of the ovaries. Menstruation was quite painful, generally confining her to the bed and lounge for several days. There was considerable pain after passing water; the urine being scanty, dark-red, specific gravity 1026, slightly albuminous. She was given eupatorium purp. in twentieth-grain doses every four hours. The urine gradually improved in appearance, and at the next monthly period the menses was somewhat profuse and accompanied with but little pain. This improvement continued steadily for four months when she became pregnant and was delivered, on January 6th, 1881, of a fine healthy boy. Her health has continued good and she is now (June, 1882) pregnant for the second time.

Eupatorium will be found useful for those women who habitually abort about the fourth month, especially such as are also troubled with urinary difficulties. The leucorrhœa in which this drug will prove efficient is profuse, acid, provokes irritation of the meatus and labia, causes sense of dampness of the external genitals, although they are not wet, and is accompanied with jerking pains in the ovaries.

As a uterine tonic eupatorium resembles helonias, cimicifuga, and caulophyllum. It is useful in dysmenorrhœa, inefficient labor pains, in rheumatism of the vagina, uterus, and ovaries, and in chronic metritis.

III.—Muscular rheumatism, which causes a sense of fatigue and weakness in all the limbs; which migrates about from one set of

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muscles to another, generally beginning at the lower extremities and traveling upward; which is alway worse on the left side of the body; and which is characterised by uneasiness and numbness rather than extreme discomfort, is amenable to the action of eupatorium, as the following case illustrates.

A boy, age thirteen, rather feeble in appearance, had taken a severe cold at one of the free swimming-baths. He applied for treatment, July 10th, 1881, abut two weeks after the initial fever. He was then complaining of a numb dull feeling in the left arm and leg, soreness in the lumbar region, urine scanty and dark, appetite fairly good but with great thirst. Cimicifuga and afterwards bryonia were given with no apparent result. Upon a re-study of the case, eupatorium was suggested by smarting in the urethra after urinating, a symtom not noticed previously, and it proved curative. He was given five drop doses of the tincture three times a day.

IV.—In hyperæsthesia of the spinal cord, especially when the pains develope mainly on the left side of the back and hip, eupatorium purpureum rivals cimicifuga in its prompt curative action. The sensation is of a soreness within the spine which seems to extend from below upward. There is dull aching pain in the sacrum, and a feeling of weakness in the nape of the neck, with a tendency of the head to fall to the left side. Often there is soreness and tenderness of the occipital portion of the scalp, and pain within the cranium. Palpitation of the heart, bounding pulse, and sigh-like respiration are sometimes observable.

Mrs. J. O., aged twenty, applied for treatment September, 1881, complaining of a sore pain at the very bottom of the coccyx. This and certain hysteric symptoms were the only apparent abberations from normal health. Various remedies were prescribed without improvement. Meanwhile the pain, which was at first confined to the coccyx, rose, vertebra by vertebra, until it reached the atlas. The heart's action was much disturbed, with severe palpitations, and considerable dyspnœa, accompanied by pain in the left shoulder joint. The back felt very weak, there was occasional vertigo with tendency to fall to the left side, and she was greatly discouraged. At this time she was given drop doses of the tincture of eupatorium purpureum which produced an immediate and permanent curative effect, all her symptoms disappearing as if by magic.

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V.—Eupatorium is frequently indicated as a remedy for intermittent fever. The fever in which this drug is curative has two or more paroxysms each day, beginning with a chill in the small of the back, spreading upwards and downwards and causing severe shaking. The patient does not, however, feel very cold and is thirstless during the chill. To this succeeds the fever, which lasts several hours, beginning with nausea and ending with ravenous appetite. There is not much sweat, but considerable thirst, and the patient is chilly if he moves about. The tongue is heavily coated, there is a bitter taste, the legs seem so weak as to hardly be able to support him, and he is tortured with excruciating bone-pains. These pains render sleep impossible, the eyes look wild and strained, and there is a copious tear flow of which the patient is unconscious. He is talkative but at the same time depressed, and illusions of sight, hearing and smell take possession of him.

Eupatorium purpureum has also proven curative in hectic fever; but here I can give no special indications.

VI.—Queen of the Meadow will often replace geranium or trillium in the treatment of hæmorrhage. I have already mentioned its value in hæmaturia; it will likewise prove beneficial in epistaxis, in hæmoptysis, and in hæmatemesis. For this purpose add one drachm of the fluid extract to four ounces of water, and give teaspoonful doses every five minutes until the system responds to the action of the medicine. Slight hæmorrhages are often symptomatic and are not to be stopped prematurely. Hæmorrhages not occurring from mechanical causes should not be stopped unless of long duration, or profuse enough to cause depletion.

VII.—Asthma, pertusis, chronic hacking coughs which are worse after night-fall, and other affections of the respiratory system are greatly ameliorated and often cured by this remedy. It is not only a direct expectorant, but it promotes the activity of the skin, and, as we have seen, of the kidneys. It is not especially indicated in respiratory troubles where the kidneys are normal; but let these partake of the disorders affecting the general integrity of the system, and eupatorium will be found able to cope with the enemy and restore the system to its wonted vigor.

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CHRONIC CORPOREAL ENDO-METRITIS.

The term Corporeal Endo-Metrits is used to designate inflammation confined to the mucous membrane lining the body of the uterus. Various authors have applied the names uterine catarrh, uterine leucorrhea, interal metritis and endo-metritis to the same disorder. It occurs much more frequently in multiparæ than in women who have not borne chlidren.

The group of subjective symptoms presented by any case rarely enables us to estimate the extent or gravity of the local affection. One patient may have endured the disorder in its severe forms for years with only moderate local and constitutional disturbance, while another in whom the inflammatory process is much less severe and of comparatively recent development will exhibit symptoms both local and general, of a very distressing character.

As the disease is occasionally overlooked, even in well-marked cases, a few words on the physical diagnosis may be useful. Great sensitiveness will be found to exist in the body of the uterus if it be compressed between a hand on the abdomen and one or two fingers placed in the vagina. In a genuine case of chronic corporeal endo-metritis the tissue of the cervix will present a perfectly healthy appearance when exposed by the speculum, and if the patient has very recently washed away, by a copious vaginal injection, the tough transparent mucus that issues from the os, nothing abnormal may be discovered by the closest inspection; but if a Sim's silver probe be now cautiously introduced to the fundus, the internal os will be found to be dilated, the size of the uterine cavity slightly enlarged, acute pain will be produced by gently touching the diseased mucous membrane, and when the probe is withdrawn it will be followed by a few drops of blood and more or less of the transparent mucus already mentioned.

All the authorities admit the extreme difficulty of curing the disorder under consideration, or even in effecting notable permanent amelioration; and some of the most eminent gynecologists candidly admit that they never cured a case. In order to undertand more perfectly why the current method of treating chronic corporeal endo-metritis has been so unsuccessful and why the measures hereafter to be proposed yield better results, let us glance at the anatomy of the tissue, one of whose diseases we are studying. The mucous membrane

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lining the womb constitues about one-eighth of the total thickness of the uterine walls, it is therefore the thickest membrane of its class in the body. It is composed mainly of tubular glands that penetrate through the whole thickness of the membrane and terminate on its free surface by open mouths, readily discernable by the naked-eye or by a lens of very low power. The insides of these glandular tubes, and the spaces between them, are filled up by an intricate network of capillary bloodvessels rendering the whole structure highly vascular. . In the earlier stages of chronic inflammation of this membrane a discharge pours from the open mouths of the tubular glands strongly resembling the white of an egg, both in appearance and chemical constitution. The pouring forth of this discharge is nature's method of keeping the disease in check, and any mode of treatment, the primary effect of which is to arrest this discharge, is opposed to sound pathology and is condemned by the results of experience; such measures having done little good and much injury even in the hands of the ablest and most careful specialists.

But the corrosive chemicals commoly employed in attempting the cure of the disease under consideration have precisely this evil effect. When any of them is applied to the inflamed uterine mucous membrane, a thin eschar is formed on its surface by which the open mouths of the tubular follicles are temporarily but effectively sealed, preventing the leucorrheal discharge from escaping from the follicles. The sufferings of the patient are always notably aggravated, from the time the caustic is applied until the resulting slough seperates from the surface of the membrane and the discharge is again allowed to flow freely from the open mouths of the uterine follicles.

Being dissatisfied with the results obtained from the use of caustics I was led about seven years ago to try the effect of blistering the diseased uterine mucous membrane with preparationsof cantharades, and the results secured by myself and those physicians to whom I have recommended this treatment have borne testimony to its value, when judiciously employed in properly selected cases.

The diagnosis must first be settled conclusively, and the patient prepared as directed for the treatment, if satisfactory results are to be secured. The general condition of the sufferer should be improved by every hygienic and medical appliance. She should abstain from the use of condiments, hot sauces and alcoholic drinks of every sor The physician should direct his patient to have her skirts supported

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by a suitable contrivance so that they shall not press unduly on the loins or abdomen. The cure of the local difficulty will be greatly favored if the patient's respiratory power is increased by exercises adapted to attain that object. By this mean the natural motions of the respiratory organs are communicated to the pelvic vescera and an equal blood circulation through the latter is greatly favored. A soluble condition of the bowels must be promoted, preferably by a diet adapted to secure that end, or by gentle laxatives if necessary.

The time selected for the treatment by vesication should be when the diseased uterus is as free from irritation or unusual congestion as possible; therefore local measures of that sort should not be applied until eight days after the menses have ceased, nor within the same time of their expected ap¡earance; consequently only about ten days of the inter-menstrual period are available for local treatment. During this time one or two applications, six or eight days apart will secure better results than more frequent treatment. Rest is an important element of success. The patient should remain in bed for two days after each application. When the treatment here directed fails to yeild satisfactory results, failure to observe this rule is usually the direct and effective cause.

Various methods of vesicating the uterine mucous membrane in chronic corporeal endo-metritis may be employed. The neck of the womb may be dilated by a sponge-tent, the diseased surface carefully dried with absorbent cotton and a coat of vesicating collodion applied with a camel's hair pencil, or a bit of cocoa-butter the sixe of a large pea, containing eight grains of powdered cantharades to each ounce, may be placed in the uterus and allowed to dissolve there. Or if preferred a long sponge-tent having one inch of the distal end of it satuarated with melted cerate of cantharades may be pushed up to the fundus uteri and allowed to remain there three or four hours, when the patient may remove it.

The action of the remedy here recommended on the uterine mucous membrane is very much the same as when it is applied to the integument. A copious flow of serum occurs from the vesicated surface, promptly followed by very great relief to the distressing symptoms arising from the inflammatory process.

Finally, I believe that the method here advocated for the cure of intra-uterine inflammation is the safest of all the active measures of which I have any knowledge, and I am quite sure it is much less painful than the use of even the mildest caustics.

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DISEASES OF THE ABSORBENTS.

The lymphatic vessels are occasionally the seat of fistulous openings. This is said to occur more frequently in the groin, scrotum, and labia, than in any other part; resulting from wounds, abcesses, ulcers, etc. At other times it is observed in elephantiasis of the lower extremities accompanied with a varicose condition of the parts.

Dr. Vandyke Carter observed, that in a case of 'chylous urine' a quantity of lymph was poured out of a minute opening in the thigh, and he believes that in some, at least, of these cases there is a preternatural communication between the receptaculum chyli or some of its large branches and the urinary passages, complicated with obstruction of the main lacteals and a varicose state of the lower lymphatics.*

The treatment consists in pressure by bandaging, strapping, position, normal condition of the bowels and other secretions and excretions.

Inflammation of the lymphatic glands and vessels is frequently met with in wounds, especially punctured and poisonous, producing inflamed absorbents (angioleucitis) or inflamed glands (adenitis) or both. It also appears as an idiopathic affection, premonitory of erysipelas; and by it I diagnosed a case of erysipelas two days earlier than the physician in whose hands the patient was placed by the parties in charge, and he only recognized the blunder in diagnosis in time to see his patient doomed to suffer a phlegmonous abscess of the axilla and side of the chest. The distinctive marks after the chill were heat and pain, with the characteristic red lines extending from side to axilla, with enlarged axillary glands. Inflammation of the glands (adenitis) is often observed without any perceptible inflammation of the lymphatics which supply them, as we so frequently see in cervical glands, and in the bubo of the venereal diseases, etc. The disease seems to expend its force here, at least for a time, the glands often acting as a closed door until they ulcerate, thus preventing the disease from producing a ferment and septicæmia. Tonic and aperient treament should be resorted to, while soothing applications, as lotion of lead and opium, or cloths wrung out of hot infusion of hops, or a poultice of corn meal with hops are sufficient locally. Inflammation of the

*Med. Chir. Tran's., Vol. XLV.

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glands requires the same treatment. I have used iodine tincture to paint the glands and used it decolorized with aqua ammoniæ. I am in doubt as to just how much good it accomplishes. As soon as pus is formed it should be let out. Some blister in chronic enlargement of glands. The lymphatic vessels and glands are involved in a great variety of diseases both inflammatory and constitutional, as syphilis, cancer and struma. In the latter we often find little more than an affection of the lymphatic system; whereas in the former, the glandular trouble is secondary to a similar affection of the soft parts from which they are supplied, and cured early, by eradicating the disease on which they depend.

In enlargement of a gland I always look for its cause, searching in the direction of its supply for some local irritation. If in the groin the irritation may be found in the foot, leg, or in the immediate vicinity of the bubo in or about the genitals. If in axilla, I expect to find the cause in an injury of the hand, arm, or region of the enlargement; if cervical, from the throat, mouth, teeth, and gums, or eruption of the scalp. We see cases in which we find only an enlarged condition of the glands, and the whole system suffers; while in others the dyscrasia or cachectic state of the constitution has produced the lymphatic trouble. Which has the precedence it is not easy to determine, as both alike exist when the physician is first called to the patient. Perhaps it is more important to know how to restore the patient to health than to philosophize in regard to which is the cause and which the effect, as we now have them both to contend with. We must have several things; pure air, good and wholesome food and drink, proper clothing, perfect cleanliness, sufficient rest and sleep, and with all a quiet and contented mind. Medicines may do something to correct the secretions and excretions, in whatever way defective, and to tone the system.

In case of glandular abscess when pus is formed, to save an unsightly cicatrix, put in a seton of a single thread, and so give vent to the matter and save your patient the discomfort of a long tedious and painful ulcer, and ragged and deformed scar. Extirpating enlarged lymphatic glands is a questionable procedure, although there may be cases where it is justifiable. Lymphadenoma, first distinctly described by Dr. Hodgkin,* and called by his name, is a peculiar hypertrophied

*Med. Chir. Tran's., Vol. XVII.

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condition of the lymphatic glands, usually those of the neck first attracting attention. In this disease all the glands are affected, the blood glands—the spleen and thyroid—as well. With this there frequently is combined a condition known as leucocythenia—a condition in which the elaboration of the blood is imperfect, the white cells being disproportionately numerous. Hygienic measures are the sheet anchor of our hope in the treatment of this disease.

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ALLOPAPHY AS IT IS.

On receipt of the June number of the *Medical News* I noticed the report of the National Allopathic Medical Society, sitting down hard on the N. Y. Allopathic Society. Why? Simply because the N. Y. State Society has crawled out of the old rut and is peering over the bull works of ethics, and seeing the mighty army of scientific men way up the hill of science, pressing forward rapidly and so far ahead of the old dogmas of allopathy as to be just faintly visible to a few who are in the advance corps. You must not infer by this that the allopaths have been entirely idle for they have been picking up the crumbs as they have marched over the same road more than a quarter of a century in the rear. Having got a taste of the better food they leave some of the old dogmas behind, such as mercury antimony, lancet, and such worshiped stand-byes, as marks of progress. Although I have been in the field less than a quarter of a century, yet well do I remember the time when the lancet was the sheet anchor to relieve all ills under all circumstances, and calomel was the great remedy in all cases to stir up the liver and work off the bile. But within a few years scientific men have demonstrated beyond cavil that the lancet drew the life element from the system, produced disease and filled premature graves, and that calonel (their pet) did not in any case effect the liver, except by its

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depressing effect. Then they began to cast anchor and look for substitutes for these old stand-byes, and lo they find that Eclectics, who are now out of sight, have left a remedy called Podophyllin. They at once began the use of it, (without any credit from whence it came) and trying to make this permanently supply the place of the lancet and calomel, gave it to depletion, and the same results follow as in the past.

Only a few years ago they, as an allopathic body, discovered our podophyllin, after it had been in general use by Eclectics for a quarter of a century. Other remedies are in about the same standing. Being twenty-five years in the rear they will be along our trail and pick up our fragments as they go, but this is better than their fore-fathers did who were more closely hedged in.

They begin in St. Paul by quoting Lord Bacon: "medicine is a science (I deny it) which hath been more professed than labored and yet more labored than advanced, the labor having been more in a circle than in progression, for I find much iteration but small addition." Then comes the lauding of progress, stating "during the last twenty-five years more progress has been made than during the preceding twenty-five hundred years." Now we ask why this is?

As a sworn witness upon the stand I will say, Drs. Samuel Thomson, Wooster Beach, John King, Jones and Morrow, and a host of other highly educated men, instructed the people until they would not be bled, mercurealized, blistered, and tarterized, until reduced below the disease, or a new disease greater than the original one was produced, thus curing on the principal, long since exploded, that no two diseases can pray upon the system at the same time. Thus the Allopathic system was driven out of the old ruts into better paths. Now they have even gone to the extreme of changing their name to "regular." Now we ask why are they regular more than any other school; unless they are regular in old ruts, regular in making "no advancement in twenty-five hundred years" by the statement of Dr. J. A. Oetertony, of Louisville, Ky., at the St. Paul Association—regular as Lord Bacon said in travelling round in a circle and reiteration—regular in fencing themselves in by a code of ethics which all know is detrimental to advancement in the healing art.

Again they boast of new names. Yes their nomenclature is assuredly great, as is their shot-gun prescriptions fired at those names.

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Once more they crave law—yes, law for protection for themselves but not the people. They surely need laws when one of their professors of one of their noted colleges undertakes to hold a surgical clinic over a dislocated shoulder and by abrupt force with boot ruptured the axillary artery, and in less than half-an-hour the morgue was the patient's resting place. Assurely they must have protection. Ignorance and bigotry (twin brothers) need protection.

In the *Medical News* of same date, page 631, we quote: "Quackery both within and without the profession has never received so severe a rebuke as has just been dealt it, by the American Medical Association, at St. Paul."

Now, who do they call quacks, and who are the quacks? Answer echoes, all those who use *quack-salver* or any of its preparations—hence all Allopathic physicians are quacks. Again the word signifies empiric, and of what has the Allopathic school to boast but empiricism. Again it means a boaster, or one who boasts of his medical knowledge, and who boasts so much as these Allopaths. Again on page 632, we quote: "To ask us now to admit to terms of equality the eclectic, clairvoyant, herbalist, or homeopathic is to ask us, with a firm foot-hold on the rock of scientific truth, to step backward into the quick-sands of bigotry and superstition."

This language sounds as though it came from the fertile brain of a crank, like unto Guiteau, and needs no comment.

Now, in conclusion, allow me to say the sooner these bigoted self-styled regulars are set down on by Homeopathy and Eclectecism the better. We should not recognize them by council or otherwise. As in the Revolution let us assert our rights, and stand ready at any and all times to fight "regulars," if need be, to the bitter end.

To this end let us educate the people to know the difference between Allopathy with all its codes and bigotry, and the broad principles of our Eclectic practice. This should be done by free circulation of our literature, which could easily be accomplished by a proper system of popular writings the expense of which might be defrayed by the annual dues paid to the several societies.

Wm. F. Ball, M.D.

East Liverpool, Ohio.

There were two hundred and sixty-seven medical works published in Japanese, in Japan, during 1881.

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*STOMATITIS ULCEROSA.**

CATARRHAL inflammation of the mouth occurs very frequently, but in addition to congestion, swelling, pain, and greatly increased secretion of saliva, there is in stomatitis ulcerosa, ulceration of a very destructive character. But there are various forms and degrees of this variety of stomatitis. *Aphthæ* or canker of the mouth is either the result of catarrh of the mucous tissue, forming ulcers of superficial nature, or of follicular inflammation, producing deeper ulceration; or it occurs in connection with labial herpes or hydroa, when they have the same etiological signification. Aphthæ occurs mostly in children, but the follicular form frequently attacks females during the periods of menstruation, pregnancy or lactation. Ulceration results often in a few hours after the patient is sized with aphthæ. The ulcers are mostly seen on the mucous membrane of the lips and cheeks, and especially where this membrane is reflected upon the gums, but sometimes they are seen on the palate, and even on the tongue. They have red edges, which are somewhat elevated, with whitish floor. The follicular ulcers are small, round and excavated. All these forms give rise to increased secretion of saliva and greater sensitiveness of the mouth, but they are not marked by that peculiar nauseous odor, that is always found in the more grave form, viz: *Stomacace*, or *Putrid Sore Mouth*. This last form, which is a very destructive ulceration of the border of the gums, and inside of the lips, and frequently of the tongue, not only produces great swelling of the mouth, but a peculiar cadaver-like odor of the breath, which readily distinguishes it from all the other forms of aphthæ. This grave form is mostly confined to children after their first dentition, and it has occurred in camps, epidemically, among soldiers. The sporadic form is often the result of the abuse of mercury, but may possibly result from an enfeebled condition, poor food, uncleanliness, and a fowl atmosphere, about hospitals, camps, or crowded cities.

This disease usually begins about the margin of the gums of the lower jaw, and gradually extends backwards, and later attacks the

*Excerpt from the manuscript upon Practice, by I. J. M. Goss, M.D., of Marietta, Ga., soon to be published.

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lips, cheeks, and sometimes the tongue, where it is in contact with the ulcers. It not only has a very foul odor, but the secretion, which is constantly flowing from the mouth, is also very acrid.

Treatment.—There have been a great many remedies recommended for this disease, in its various forms. The milder forms disappear under the use of mild antiseptics, such as boracic acid, salicylic acid, sulphite of soda, sulphurous acid, eucalyptus, borate of soda, chlorate of potash, and other antiseptics. But the severe forms of the disease, such as attack children just after their first dentition is completed, require more active treatment. Internally, I have found the baptisia, in doses of 3 to 5 gtts., every three hours, a valuable help to the local remedies. My local applications are, the sulphate of copper 10 grs. water., ℥i., gum arabic, ℥i, hydrastis canadensis, ℥ii, used with a brush, three or four times a day. This never has failed me, where the baptisia was given internally at the same time. Touching the gums with muriatic acid is also followed by very good success. This was the remedy relied upon by my old friend, Prof. Q. A. Dugas, of the Augusta Medical College, when I attended my last course in that College, and it was quite successful with him. My opinion is that the compound called Listerine, manufactured at St. Louis, Mo., by Lambert & Co., will prove a good remedy in this disease. If the child can be moved to a pure atmosphere it will always be best.

ADDISON'S DISEASE.

My eyes having just rested upon a chapter by Wm. Jones, M.D., of Newburgh, N. Y., in Vol. VIII of the Transaction of the National Eclectic Medical Association, relating to the much dreaded Addison's disease, and the fact of his there voicing the common language of the "Old School" fraternity, in saying, "as regards the curability of Addison's disease, in the present dearth of knowledge in regard to its pathology, it seems to be beyond a question, utterly hopeless," has determined me to "go upon the record" and write you something which may

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prove a benefit to the profession and a boon to their patients afflicted with this disease.

In 1867 I had my first patient afflicted with Addison's disease. The waxen blotches on the skin, the enervation, almost to inability to bear the weight on the feet, the dry skin, the quick, small and feeble pulse, the anæmic look and derangement of the heart and stomach, all told unmistakeably the nature of the malady. I determined to meet the conditions as I found them, and accordingly selected remedies to meet those conditions, and prepared them as follows:

℞.—Crawley root (Corolorrhiza Odontorhiza) powdered..grs. vi.
Unicorn " (Helonias dioica) powdered.....grs. iv.
Bloodroot (Sanguinaria) powdered.....gr. ¼
Ext. calabria licorice.....grs. v.
Quinine sulphate.....gr. iss.
M.

To form one powder. S.—One powder four times a day in a spoonful of water.

The body to be sponged once in 24 hours in a tea of smartweed (polygonum tinct.) and alcohol. To-day the patient is strong and vigorous. I saw him this morning and he is in good health.

The crawley controlled the external pores of the skin and restored moisture. The unicorn toned up the nerve forces of the stomach and kidneys, the bloodroot stimulated the absorbent vessels, arteries and heart, and the quinine acting upon general principles as anti-malarial or as a parasiticide and tonic the patient was fully restored.

I have thus roughly blocked out the line of practice for the *cure* of this disease, and would merely suggest in conclusion that our Eclectic physicians arm themselves fully with simple remedies, study carefully their actions and combinations, and apply them rationally to meet the indications in each particular case, and they will have little cause to join the Allopathic cry of "incurable disease."

D. P. Kayner, M.D.

St. Charles, Ills.

Cafeone.—Dr. Miguel Faragas ascribes the aroma of roasted coffee to a peculiar substance called cafeone, which is developed during the process of roasting. Its action on the heart is opposed to that of caffeine, as it increases the force and frequency of its pulsations.

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*IODINE AND ITS DERIVATIVES.**

(Continued from page 251.)

WHILE the preparations of iodine previously described are at present reserved exclusively for external use, iodide of potassium, on the contrary, is used internally as well as externally. Children endure the iodide of potassium very well. Beginning with a child of two years, I have seen 0.30, 0.40, 0.50 centigrams, (5, 6½, 8⅛ grs) and even 1 gram (15 grs.) a day given in urgent cases. You may readily give about 1.50 grams (23grs.) of the iodide of potassium in a tea-spoonful of syrup, two or three times a day, immediately before food is taken. The stomach tolerates it without difficulty. To little children under two years, I have given many times, in a sweetened mixture 0.10 to 0.20 centigrams a day, and in a fractional form. If the child is fortunate enough to possess a nurse, I never neglect to profit by this indirect resource. The milk becomes, in this manner, a nourishment and a vehicle of the first order. The rapidity with which the iodide of potassium causes disturbance, however, obliges us to watch for the effects on infants. It is necessary to gradually diminish the dose as soon as we are able to detect an improvement in the malady to be combatted.

I do not give the iodide of potassium to nursing children except under certain circumstances—that is in tertiary syphilis—never, when in the secondary period. Without syphilis, I never give iodide of potassium to rickety or even to scrofulous children under two years of age. I consider this medicine as dangerous to little children of this class, as it produces a too rapid alterative effect, and often causes, besides, a susceptibility to a disturbance of the stomach which excludes the use of milk.

You do not fail to see, gentlemen, that I support the internal use of iodide of potassium. I wish to say to you that I sometimes give

* Translated from *Le Progres Medical* for THE MEDICAL TRIBUNE.

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larger doses to children under two years, who tolerate it marvelously. This assertion seems to be in contradiction of the caution I gave at the opening of this lecture. It is not so. These medicines under a soluble form, like the iodide or sublimate of potassium, are sometimes better tolerated than in an insoluable form, like the cotton of iodine, or mercurial ointment. Its application on the skin sometimes produces very decided effects, more decided than in the absorption by the mucous membrane.

This tolerance by the child in the use of iodide of potassium, ought not to cause us to forget that there are two doses of the medicine. In the larger dose it addresses itself to tertiary syphilis; in the small dose it controlls the ganglionic enlargements of the neck, bronchial tubes, etc. In the first case give the babies, 0.10 to 0.20 centigrams, each day, and 0.40 to 0.50 centigrams to older children. In cases of ganglionic scrofula, do not exceed 0.05 to 0.10 centigrams each day, continue it one to two weeks, then suspend it for an equal time, and recommence its use. I believe, myself, that you should watch its effects with the greatest care, for it is in these cases of scrofula that it often renders absolutely no benefit, and its beneficial effects are only discovered after using it for a very long time.

Iodide of potassium enters frequently into the composition of external preparations. It is mixed with some fatty substances, fat of animals, glycerine or vasiline, in the proportion of 4 grams to 30 grams, with an addition of extract of belladonna, of hemlock or henbane in each dose. This slightly irritable ointment exercises a truly decided action for which we have reason to value it.

Iodide of Iron.—Associated with iron iodine is a valuable medicine, which possesses the virtues of iron and iodine To children of from 6 to 8 years, you will be able to give in pill form 1 to 5 centigrams, and to little children under two years, in the form of a syrup, 0.01 to 0.02 centigrames a day. In both cases the iodide of iron needs to be taken while eating. The phisiological action of its work during digestion, facilitates absorption, and causes it to be tolerated by the mucous membrane of the stomach. I do not give it to nursing children. You will understand my motive for repeating this.

Iodoform.—Though the internal use of iodoform has been reported, I never resort to it except for external application. I apply it as an

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antiseptic and anesthetic to ulcerated and tender surfaces, mixed with powdered charcoal and quinine in the following proportions.

Pulverized charcoal
" quinine } ... .aa 5 grams.
Iodoform

You have seen me use it in this form in gangrene of the uterus, in ulcer of the nose, etc.

Physiological Action.—Locally applied, iodine is an irritant, whose properties are utilized as a revulsive agent in chronic inflammations, gout, chronic bronchitis, consumption; as an alterative agent in fistula, and when applied to serous surfaces afflicted with dropsy. In small doses, preparations of iodine stimulate the appetite, quicken the work of digestion, and render this function more regular. In large doses it produces fatigue of the stomach and cramping. Iodine at once carried into the circulation, causes a general excitation.

Also in regard to the nervous system, however little the dose be accentuated, it produces frontal headache, with a feeling of tension in the sockets of the eyes. Gradually when the dose is increased it produces a stupor or drunkenness, accompanied by insomnia, vertigo and even stumbling. The eyes become red, the conjunctiva œdomatous, and weeping. The face is puffed, and the nasal passages show a discharge of limped mucus, and a marked stoppage. These symptoms we observe, in extremely susceptible cases, or after the several doses, it end in angina, and iodine salivation with a slight metallic taste. The taste is altered, and certain fermented drinks, and wine are taken with a kind of repugnance. Even though the breath is not as impure as in mercurial *salivation*, it is not, nevertheless, free from the odor, except to the patient himself. Although I have seen it many times, the symptoms of complete iodine salivation are rare. One is sometimes able to arrest it before its development. It exists, nevertheless, in subjects possessing a kind of susceptibility which their appearance thwarts all possible fore-sight of. Children endure iodine very well, and it is rarely that I have the symptoms of iodine proven, which are most frequent in adults. This endurance renders the medicine reliable in cases of prolonged medication.

The stimulant effects of iodine are carried equally through the circulation of the blood, and lympathics. The pulse is accelerated, becoming stronger, the arterial capillaries are enlarged, the skin is

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heated; resulting sometimes in a feverish condition, which warns us against its use in irritable subjects.

The lymphatic system participates in this general excitement. The glands being choked up, diminish, and all the liquids of the cellular tissue are given a new life. This work of absorption is able to go as far as the most decided *denutrition*; not only resulting in the disappearance of the adipose tissue, but also of the mammary glands and the testicles. The vaso-motor system, as you see, is affected, now and then in a favorable way, and sometimes unfavorably. One remark on its action on the digestlve *tube*. Iodine administered in small doses, and only during a limited time, is a tonic, excitant, plastic in its first *phase*, it becomes an agent of *denutrition*, of absorption, of failing (loss of flesh) in large or prolonged doses.

Its elimination is caused by all the secretory organs, and exaggerates their functions. Again, we have seen the salivary secretions augmented by its presence in the sarivaly glands, and the saliva. The urine is very abundant, and contains iodine in large proportions. Of the 30 grams absorbed, 28 grams are passed in the urine. This elimination commences a few minutes after the *ingestion* of the medicine. It lasts from six to eighth hours.

I have proven to you from the beginning of this lecture, that the absorption of iodine by the skin causes in children an albuminous urine. I maintain this fact. It is positive. Nevertheless, as the examples are very limited in the special points, I wish the subject recovered, in order to prevent all chance of error in the interpretation. Note, in the first place, that it troubles the child and not the adult. Note also, its effect in the plaster-of-paris on the surface, where not taken internally. Children as a rule become very easily *albuminurious* and the absorption of iodine by the irritation of the skin, as I have before said, is an easy way, and little like the mercury applied to the skin, since the urinary secretions with iodine and the salivary secretions with mercury, are more modified than in the internal use of either one remedy. Again you ought to withhold the plaster-of-paris *iodique* from the renal, cardiac or other localities, in all *albuminurious* children, or those convalescent from certain general affections, as scarlatine or diphtheria.

The cutaneous secretions are also stimulated by the iodine, which is proven by the perspiration, and the liquid issuing from the sebacious glands in prurigo.

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Iodine is found also, in all the liquid secretions, in the tears, the mucus from the nasal passages and in the milk. The milk is also, you know, one of the valuable ways of elimination of infantile therapeutics. We are able to treat the nursing syphilitic child, by administering to the nurse a certain amount of the preparation of iodine.

In many cases there is a noticable excitation of the genitals and of the functions of menstruation. These effects, although they are frequent, are not lasting enough to be generally admitted. They are liable also, to great changes, depending upon the susceptibility of certain persons to the stimulating or denutritive action of the preparations of iodine.

J. Simon.

*SYPHILIS.**

One of the first symptoms of Syphilis is the *chancre*, which makes its appearance most commonly upon the glans penis, prepuce, frænum, front part of the urethra, the external surface of the penis, the scrotum, or in the groins. In females it appears on the labia, vagina, urethra, or the neck of the uterus. It is also possible that the virus may be transferred to the lips, tongue, nipples, or fingers, and it may enter the blood through wounds in the flesh. Some writers hold that the poison of chancres is of *one kind*, which may or may not produce constitutional syphilis. Other writers hold that there is a duality of the chancre poison, producing two distinct and different kinds of sores, each of which reproduces a sore of its own kind. These two kinds of chancres have been named the *soft* and the *indurated* or *Hunterian chancre.*

The *soft* chancre, according to the above theory, is regarded only as a local disease, and inoculable upon the bearer or upon others, healthy or syphilitic, to almost an unlimited extent, developing in twenty-four to thirty-six hours after its inception to the blood, without incubation. They say that through re-absorption, an irritation

* An excerpt from Dr. I. J. M. Goss' work on the Practice of Medicine.

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of the neighboring glands takes place, which has an inflammatory character, and usually results in suppuration, but it is not followed by other constitutional symptoms. This may be so, but I would not risk it.

The Hard Chancre.—The indurated or Hunterian chancre is produced by the syphilitic virus, and is inoculable upon the diseased subject himself or upon others who are syphilitic, but some say, it then produces the soft chancre instead of the indurated chancre of Hunter. The soft chancre is called then "chancroid." The virus from a hard chancre, when inoculated upon a sound man, causes, in some four weeks, a pimple, which gradually becomes indurated, or it may produce a superficial ulcer, or, in some cases, it immediately inflames and results in ulceration, as in case of soft chancre, but it is finally followed by induration and general syphilis. But, dissection of the soft and hard chancre does not show any very well defined differences between them; there is a dense cellular infiltration of the tissue of the cutis or of the mucous membrane. The induration does not prove a positive distinction between the forms of chancre, especially, in the female genitals, where the difference is very slight indeed. A chancre may remain superficial or it may spread to the surrounding tissues, rapidly destroying them, and in this case it is called the *phagedenic* chancre. When ulcers form on the inner surface of the prepuce, or far back on the glans penis, the patient finds great difficulty, and sometimes utter impossibility, in retracting the fore-skin; and the ensuing phagedenic ulcer may cause great destruction, ever sometimes destroying the entire prepuce, and even the glans penis. I saw two cases last winter in the clinics in Atlanta, Ga., of this destructive character. When chancres appear upon the mucous membrane of the female genitals they are simple erosions. But when on the labia majora, and being constantly irritated, they are generally converted into condylomata lata. The syphilitic virus is in the primary sore, in the condylomata and in the blood and semen of the man with latent syphilis.

Secondary Stage.—The secondary stage consists of eruptions of the skin and mucous membrane, falling out of the hair, and sometimes disease of the nails. In some cases there is anæmia, and irritative processes in the periosteum and bones. This stage usually continues about six months to a year, or longer, but is usually followed by an intermediate stage of a few weeks or months, in which the disease

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may only show itself in various eruptions upon the skin and mucous membrane. And in this stage, the disease is still transmissible to offspring begotten in this stage.

The Tertiary Stage.—This stage is characterised by local diseases, as gummata of various organs, ulcerations, necrosis and carries of the bones. In some cases this stage may be confounded with the secondary stage. It may be several years between the infection and the tertiary stage, but if not cured, it may finally developed into syphilitic marasmus, and very great changes may result, as amyloid degeneration, caseous pneumonia, and violent ulcerative processes in various tissues of the body.

Treatment.—If the patient can be seen in time, I think the local application of nitric acid proper to begin with, and if in time, it may arrest the further progress of the ulcer, and doubtless modifiy the disease at once. And the internal admistration of the acid, in doses of 2 to 3 gtts., three times a day, is believed to have a curative effect. For the constitutional poison, the chloride of gold and soda, in doses of one-fiftieth of a grain, three times a day, will have a good effect. If there are nodes upon the skull, or ulceration upon the fauces, then corydalis is a very valuable remedy, and so is stillingia. They may be given in doses of 30 gtts. each, every two or three hours. As soon as a bubo makes its appearance, then the local application of iodoform, in the form of an ointment, should not be forgotten. And internally, the iodide of potash may be alternated with the following *new remedies*, prepared by Parke, Davis & Co., viz: Aceitillo bark, fl. ext.. ʒss; Caroba leaves, fl. ext.; Cascara amagra, fl. ext.; Honduras bark, fl. ext.; each ʒii. Dose, one teaspoonful three times a day. These last remedies have proven so very successful with me in several cases recently, that I feel considerable confidence in them. After the disease attacks the throat, and if their are pains of the joints, and after the abuse of mercury, then phytolacca is one of our best remedies. If there are bone pains, then stillingia and rock rose—(frost weed) alternated with menispermum, all in doses of 30 to 40 gtts., of the tincture, three times a day, will be found to act well in almost every case.

For syphilitic skin affections, such as papular syphilide, muscular syphilide, the squamous syphilide, and lichen syphiliticus, or the tubercular syphilide, *thuja*, in doses of 3 to 5 gtts., three times a day, has the best reputation. The sulphide of calcium is also a good remedy,

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in doses of ½ to 1 grain, three times a day. Staphisagra, in doses of 2 to 3 gtts., three times a day, may also be given with good effect. Some still rely upon the old routine remedy, to wit, sarsaparilla, but it never seemed to do much good in my hands, in any stage of the disease. For the bone affections I usually rely upon the chloride of gold, in small doses. Phytolacca, alternated with iodide of potash is also reliable.

I. J. M. Goss, M.D.

Marietta, Ga.

*PROGRESS OF THE GERM THEORY OF DISEASE.**

The virtual triumph of the antiseptic system of surgery, based as that system is on the recognition of *living contagia* as the agents of putrefaction, is of good augury as regards the receptivity of the public mind to new views respecting the nature of contagia generally.

To the credit of English surgeons it stands recorded that, guided by their practical sagacity, they had adopted in their hospitals measures of amelioration which reduced, almost to a minimum, the rate of mortality arising from the "mortification" of wounds. They had discovered the evils incident to "dirt;" and, by keeping dirt far away from them, they had saved innumerable lives, which would undoubtedly have succumbed under conditions prevalent in many of the hospitals of Continental Europe.

In thus acting, English surgeons were, for the most part, "wiser than they knew." Their knowlegde, however momentous in its practical applications, was still empirical knowledge. That dirt was fatal they had discovered; but why it was fatal few of them knew. At this point Lister come forward with a scientific principle which ren-

* Introductory Note reprinted from Professor Tyndall's "Essays on the Floating Matter of the Air, in Relation to Putrefaction and Infection."

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dered all plain. Dirt was fatal, not as dirt, but because it contained living germs which, as Schwann was the first to prove, are the cause of putrefaction. Lister extened the generalization of Schwann from dead matter to living matter, and by this apparently simple step revolutionized the art of surgery. He changed it, in fact, from an art into a science.

"Listerism" is sometimes spoken of as if it merely consisted in the application of carbolic-acid spray; but no man of any breadth of vision will regard the subject thus. The antiseptic system had been enunciated, expounded, and illustrated, prior to the introduction of the spray. The spray is a mere offshoot of the system—elegant and effective it is true, but still a matter of detail. In company with my excellent friend Mr. John Simon, I once visited St. Bartholomew's Hospital, and became acquainted, in its wards, with the practice of the late Mr. Callendar. The antiseptic system was there as stringently applied as at King's College. Immediately before his departure to America I spoke to Mr. Callender on this subject; and he then told me expressly that his aim and hope had been, not to introduce a new principle, but to simplify the methods of Lister. And yet Mr. Callender's practice is sometimes spoken of as if it were, in principle, different from that of his eminent contemporary.

It is interesting, and indeed pathetic, to observe how long a discovery of priceless value to humanity may be hidden away, or rather lie openly revealed, before the final and apparently obvious step is taken toward its practical application. In 1837 Schwann clearly established the connection between putrefaction and microscopic life; but thirty years had to elapse before Lister extended to wounds the reserches of Schwann on dead flesh and animal infusions. Prior to Lister the possibility of some such extension had occurred to other minds. Penetrative men had seen that the germs which produce the putrefaction of meat might also act with fatal effect in the wards of a hospital.

Thus, for example, in a paper read before the British Medical Association at Cambridge, in 1864, Mr. Spencer Wells pointed out that the experiments of Pasteur, then recent, had "all a very important bearing upon the developement of purulent infection and the whole class of diseases most fatal in hospitals and other overcrowded places." Mr. Wells did not, as far as I know, introduce any systematic mode of combating the organisms whose power he so early recognized.

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But, I believe, in hardly any other department of surgery has the success of the antiseptic system been more conspicious and complete than in that particular sphere of practice in which Mr. Wells has won so great a name.

A remark in the paper just referred to would seem to indicate that, in regard to the further possible influence of germs, the thoughts of Mr. Spencer Wells had passed beyond the bounds of pure surgical practice. "Their influence," he says, "on the propagation of epidemic and contagious diseases has yet to be made out."

This shows that at the time here referred to the germ theory, in its wider medical sense, had begun to ferment in England. Two years, indeed, prior to the above occasion, and for the use of the same Association as that addressed by Mr. Wells, the late Dr. William Budd had drawn up a series of "Suggestions toward a Scheme for the Investigation of Epidemic and Epizootic Disease," which strikingly illustrate the insight of a man of genius, withdrawn from the stimulus of the metropolis, and working alone, at the time when the whole medical profession in England entertained views opposed to his. Budd states in succession, and with perfect clearness, the points which he considers most worthy of the attention of the Association. He recommends inquiry as to the nature of the evidence alleged to prove the disease under investigation to be contagious or communicable. Whether such disease admits of being artificially propagated by inoculation or otherwise. Through what surface or surfaces the virus may be shown to enter the body, and to leave it, when the disease is taken in the natural way. Whether the disease is distinguished by eruptions external or internal. Whether it has a period of true incubation; and, if so, what are the length and limits of the period. Whether one attack, as in small-pox and many other contagious diseases, preserves against future attacks. Whether in the case of human disease animals as well as man are succeptible, and, if so, what animals. What is the evidence, if any, as to the particular country or region in which the disease first appeared? What are its present geographical limits? Whether there is any evidence of its modern or recent introduction into countries previously exempt. How far any such disease may have been prevented from invading new countries, or from spreading from any particular center, by measures directed against contagion. Above all, to determine what is the nature, and what the true value, of the evidence supposed to show that the specific

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poison of the contagious disease may originate spontaneously, or be generated *de novo*. "What we most want to know," adds Budd, "in regard to this whole group of diseases is, *where and how the specific poisons which cause them breed and multiply.*"

Budd's own relation to the question here raised was distinct, and under the circumstances, impressive. "After giving many years of time and thought to an examination of the evidence bearing on this question," he comes to the conclusion that "there is no proof whatever" that the poisons of specific contagious diseases ever originate spontaneously. "That the evidence on which the contrary conclusion is founded is negative only; that evidence of precisely the same order, odor to all appearance still more cogent, would prove animals and plants, even of large species, to originate spontaneously; that this evidence is therefore of no weight; and, lastly, that all the really important facts point the other way, and tend to prove that these poisons (to use a term which is properly provisional only), like animals and plants, however they may have once originated, are only propagated now by the law of continuous succession."

The word "poisons," here provisionally employed, was a concession on Budd's part to his weaker brethren; for he, without a shade of doubt, considered the poison to be a real living *seed*. There was, I believe, but one physician of eminence in England who, at the time here referred to, shared this conviction, and who imparted to Budd the incalculable force derived from the approbation and encouragement of a wise and celebrated man. It gives me singular pleasure to write down here the name of the venerable Sir Thomas Watson, who lent to Wm. Budd unfailing countenance and support, and who has lived to see that the views which commended themselves to his philosophic judgment are at the present moment advancing with resistless momentum among the members of the medical profession. It was far otherwise at the time to which we here refer. "Opinions like these," said Budd, "are no doubt, at present, those of a small minority. A very large, and by far the most influential school in this country—a school which probably embraces the great majority of medical practitioners, and the whole of the 'sanitary public'—holds the exact contrary; and teaches that sundry of these poisons are constantly being generated *de novo* by the material conditions which surround us."

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Budd's remark regarding the spontaneous generation of "animals and plants, even of large species," is both pregnant and pertinent. In reference to special and solitary outbreaks of contagious fever, I have frequently heard physicians of distinction affirm, without apparent misgiving, the "impossibility" of importation from without. On such occasions a reply, in the strict sense affirmed by Wm. Budd, was always at hand; for I was able to adduce cases of solitary mushrooms, found upon out-of-the-way Alpine slopes, to which the evidence would apply with greater force than to the cases on which the physicians referred to based their conclusions. With the atmosphere as a vehicle of universal intercommunication, it is hard to see any just warrant for the reliance of medical men upon the negative evidence stigmatized by Budd as valueless. It is, however, evidence by which many physicians are still influenced, and the effects of which it will probably require a generation of doctors, brought up under oath conditions of culture and of practice, to wholly sweep away.

These conditions are growing up around us, and their influence will be all-pervading before long. Never before was medicine named and officered as it is now. To name here the workers at present engaged in the investigation of communicable diseases would be to attend beyond all reasonable limits this Introductory Note. On the old Baconian lines of observation and experiment the work is carried on. The intercommunication of scientific thought plays here a most important part. It will probably have been noticed that, while physiologists and physicians in England and elsewhere were drawing copiously from the store of facts furnished by the researches of Pasteur, that admirable investigator long kept himself clear of physiology and medicine. There is, indeed, reason to believe that he has been spurred on to his most recent achievements by the papers of Burdon Sanderson, Koch, and others. The union of scientific minds, is, or ought to be, organic. They are parts of the same body, in which every member, under penalty of atrophy and decay, must discharge its due share of the duty imposed upon the whole. Of this "body," a short time since, England provided one of the healthiest limbs; but round that limb legislation has lately thrown a ligature, which threatens to damage its circulation and to divert its energies into foreign channels. In observational medicine one fine piece of work may be here referred to—the masterly inquiry of Dr. T. Thorne into the outbreak of typhoid fever at Caterham and Redhill. Hundreds were smitten by this

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epidemic, and many died. The qualities of mind illustrated in Dr. Thorne's inquiry match those displayed by Wm. Budd in his memorable investigation of a similar outbreak in Devonshire. Dr. Budd's process was centrifugal—tracing from a single case, in the village of North Tawton, the ravages of the fever far and wide. Dr. Thorne's process was centripetal—tracing the epidemic backward, from the multitude of cases first presented, to the single individual whose infected excreta, poured into the well at Caterham ,were the cause of all.—*Popular Science Monthly.*

ON THE USE OF IODOFORM IN THE BUCCAL CAVITY.

The effects of iodoform in tubercular joint affections, as well as the certain and reactionless course which non-sutured wounds of the surface or of cavities run under the application of this drug, suggested the advisability of testing its value in wounds of the natural openings of the human body; and the more so on account of the difficulty which has hitherto been experienced in carrying out antiseptic treatment in those regions. Numerous operations in the buccal cavity, lately performed in Professor Billroth's clinic, have afforded us a certain amount of experience in this direction. From April to October, 1881, eighteen lingual carcinomata were extirpated. In some of the cases a third or a half of the organ, but in the majority the whole tongue, was amputated. Simultaneously more or less of the floor of the mouth had to be removed, the excavation sometimes extending to the hyoid bone and digastric tendon, and including the submaxillary and adjacent cancerous lymphatic glands. Besides, in several instances the inferior maxilla was partially resected, or portions of the soft palate and pharynx were excised. Ligatures were, as a rule,

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applied beforehand to the lingual and external maxillary arteries. In all these eighteen cases a cure was the result. There was no reaction in any of the wounds, and in most of the cases there was no rise of temperature observable after the operation. There was an absence of those complications which were fomerly observed after extirpation of the tongue. There can be scarcely a doubt but that these favorable results stand in direct relation with the employment of iodoform, for the *technique* of the operation has undergone no alteration. The points to be kept in mind in this method of wound-treatment are the following:

When, after extirpation of the tongue and floor of the mouth, the wound made in ligaturing the arteries before mentioned communicates with that in the buccal cavity, the latter is drained by means of a tube of the tickness of a finger. If no such intercommunication exists, it is not purposely set up. In all cases the edges of the ligature-incision are brought together with sutures. After the operation, and in size corresponding to the depth and width of the wound, a strip (four-ply) of iodoform gauze, six-eighths inches long and 1½ to 2 inches wide, is introduced into the mouth, and pressed with moderate firmness against the sides of the cavity, which it quite fills up. This small quantity of gauze suffices to keep the wound completely and lastingly aseptic. The first dressing usually remains adherent to the surfaces of the wound for from five to eight days. It does not seperate of itself during these first days, and even then need not be changed if the patient is taking fluid nourishment. It must be especially noticed, however, that ordinary gauze does not adhere so certainly as that prepared in the following manner:—60 grammes of colophony are dissolved in 1,200 grammes of alcohol, and 50 grammes of glycerine are added to the mixture. In this six metres of purified gauze are soaked, then wrung out, and dusted with 50 grammes of pulverized iodoform. If we compare these recent results with our former experiences after extirpation of the tongue, we must feel convinced that in iodoform we have found an agent for treating wounds of the buccal cavity, the mode of application of which is as simple as its antiseptic qualities are trustworthy.—Wolfler, in *Centrallblatt fur Chirurgie.—Edinburgh Medical Journal.*

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BUCCAL ULCERATIONS OF CONSTITUTIONAL ORIGIN.

Wigglesworth and Cushing direct attention to the diagnosis and treatment of these. The appearance of these ulcers is usually quite characteristic; and even when it may not be possible to say certainly that the case is one of syphilis, yet in the manner of treatment the doubt is of little consequence. In cases of lupus the local treatment is identical with that adapted to ulcerations due to syphilis. Even when pulmonary symptoms cannot be detected in cases of tubercular ulceration of the fauces or palate, the patient is sure eventually to die of tuberculosis or less general; and treatment is practically useless. Epithelioma almost always begins in the lips or upon the tongue, or in the larynx, and in the last two situations may sometimes lead to difficulty. With regard to the treatment of syphilitic ulcers, it may be said that stimulant are far better than caustic applications. Iodine is used as spray, and in this way prodigious amounts of unhealthy secretion are sometimes brought away from the vault of the patient, while the fœtor of the breath is at the same time abolished. The customary strength of the solution used for atomization is one-ninth that of tincture of iodine, or tinct. iod. 5 parts, glycerine 10 parts, aq. 30 parts. The most convenient to use is that known as Fulgraffe's, which is made of hard rubber with nozzles of various shapes—one to send a stream of spray up behind the soft palate, one for a horizontal stream, and one for use in the larynx. Three or four applications of twenty seconds each will be sufficient to thoroughly cleanse and stimulate any ordinary ulcerations. After the use of the spray, iodoform should be applied to the ulcer with a camel's-hair pencil, or blown on to it by an ordinary insufflator. A little powdered gum arabic mixed with the iodoform makes it adhere better. Iodoform can also be conveniently deposited on the nasal mucous membrane by letting the patient inhale a saturated solution of the drug in ether. Some cases require the use of the nasal douche with disinfectants. A convenient formula is, one teaspoonful of chlorate of potash, with one-third as much carbonate of soda, and 15

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drops of a 5 per cent. solution of permanganate of potass, all in a quart of water at 77 degreee Farh., used with a fountain syringe. Of course constitutional treatment is of vital importance; but these deep ulcerations occur late in the course of disease, from two to twenty or more years after the primary infection, usually in cachectic individuals. Mercury, therefore, plays a less important part in the treatment than iodine and its compounds. Cod-liver oil, ferric iodide, potassic iodide, iodine spray, iodoform, these are the great remedies.

Exercise, fresh air, and cleanliness, with good food, must not be forgotten; and if all these means be suitably employed, the most frightful syphilitic ulcerations will usually heal with surprising rapidity. In lupus, cauterizations may be used more freely, especially where any peripheral deposits are detected. Mercury is injuries; cod-liver oil is of the greatest efficacy; and the local iodine treatment, with ferric iodide internally, gives excellent results. A number of illustrative and highly successful cases are given in full.—*Archives of Dermatology.*

MUSCULAR ACTION IN HIP DISEASE.

Dr. A. B. Judson, *(New York Medical Journal,* July, 1882,*)* has recently discussed the morbid anatomy of hip disease, with special reference to the supposed effect of muscular contraction in promoting pathological changes in articular structures. A careful review of recorded observations leads him to infer that the crowding of the articular surfaces together by muscular action has no effect. What mainly points to this inference is that the primary lesions are not usually found in the superficial structures which enter immediately into the formation of the joint, but in the cancellous osseous texture. This conclusion does not effect the utility of the extension treatment, but leads to this interpretation of its beneficial action. Aside from the fact that by its anodyne quality, traction is empirically indicated, there are rational ground for its use. Traction, however applied, is unavoidably accompanied by fixation. The most efficient apparatus for the application of traction is, at the same time, the best means for the immobilization of the hip joint, and immobilization is indicated by pathology.—*Chicago Medical Review.*

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The Mirror.

In the lexicon of youth, which fate reserves for a bright manhood there is no such word as—fail.—BULWER LYTTON.

LEGAL STATUS OF THE UNITED STATES MEDICAL COLLEGE.

IN 1878 a number of the friends of liberal medicine met with the view of considering the advisability of organizing a College in New York, that would aim to elevate the standard of medical education and be a credit to the Eclectic School of Medicine. The organization of the United States Medical College was decided upon, and a committee appointed to ascertain what steps were necessary to secure a charter.

The committee soon ascertained that the Constitution of the state had been construed as prohibiting the incorporation of Colleges by special act of the Legislature, and that Governor Robinson had vetoed a bill for the incorporation of the Homeopathic Medical College, of Buffalo, on the ground that such incorporation could be had under general laws. The late Dr. S. B. Woolworth, for many years Secretary of the Board of Regents of the University of the State of New York, was then applied to for information, and he advised an incorporation under the general law of 1848, as amended in 1870. Several of the ablest jurists in New York were then consulted and all decided that such an incorporation was valid.

Upon the strength of these assurances, the United States Medical College was organized, May 28th, 1878, and formally opened its

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doors, on October 3d of the same year. A bitter opposition was at once started against the College by the Allopathic School, and by unscrupulous rivals in our own ranks, and every possible obstacle was placed in our way.

Dissecting material was denied us, and we were obliged to have the law relating to this matter amended, so as to make it compulsory to give to all colleges alike, before we could get material in the regular way. We, however, succeeded in securing our rights in this direction, much to the discomfort of our enemies.

Then the Board of Health of New York City, was notified that we had no charter, and our graduates were refused registration. We submitted our charter to the Counsel of the Board, and he decided we were legally incorporated, and our diplomas were ever after duly registered.

Still our enemies kept up the cry "no charter," even after two Attorneys-General of the State and several of our ablest lawyers had carefully examined the law, and pronounced our charter second to none. Yet the college grew in favor, and the success of the fourth session far exceeded the most sanguine expectations of its founders.

In the mean time the Old School Medical Society, of Erie Co., N. Y., began an action against the Buffalo College of Physicians and Surgeons, and later the Allopathic County Medical Society, of New York, began a similar action against the United States Medical College to restrain them from acting as Medical Colleges. Their actions begun with the view of injuring liberal colleges, gave a semblance of truth to the assertions of our enemies; but their real animus is made manifest when it is known that the Syracuse University and the two Veterinary Colleges of this City,—all Allopathic—were left unmolested, though organized under the same law, and two of them several years before the United States Medical College. Furthermore, most of the Professors in the Veterinary Colleges are members of the society that began the action against the United States Medical College.

Although fully satisfied that in the end we could established the validity of our organization, in spite of all opposition, yet it was thought that the best interests of the persecuted colleges and their graduates, would be served by securing some legislation that would put a stop to what promised to prove a long legal contest. With this object in view a bill was introduced during the last session of the

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Legislature, passed both Senate and Assembly, and received the signature of the Governor, which again frustrates the schemes of our enemies, and forever settles the question of the legal status of all colleges organized under Chapter 319, Laws 1848, and the several amendments thereto.

The following is the text of the bill:

AN ACT to restrict the formation of corporations under an act entitled "An act to provide for the incoporation of benevolent, charitable, scientific, and missionary societies," being Chapter three hundred and nineteen, of the laws of eighteen hundred and forty-eight, and the acts amendatory thereof, and to legalize the incorporation of certain societies organized thereunder, and to regulate the same.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

SECTION 1.—Hereafter no literary or scientific college or university shall be incorporated under the provision of an act entitled "An act to provide for the incorporation of benevolent, charitable, scientific and missionary societies," being chapter three hundred and nineteen, of the laws of eighteen hundred and forty-eighth and the acts amendatory thereof, without the approval of the regents of the university of the State of New York, to be indorsed upon and filed with the certificate of incorporation, and the said regents, as a condition of such approval, may impose such conditions as in their judgment they shall deem advisable, which shall not conflict with said acts.

SECTION 2. All scietific and all literary colleges and universities, organized under said act, which shall have reported to the said regents within the the two years last past are hereby declared legally incorporated, and all degrees heretofore and hereafter conferred by them are declared valid, and all such colleges and universities shall be subject to the same duties, obligations and liabilities, and to the same control and visitation of said regents, as colleges and universities chartered by said regents.

SECTION 3. All acts and parts of acts inconsistent herewith are hereby repealed.

SECTION 4. This act shall take effect immediately.

It will thus be seen that the Legislature has declared that we are "legally incorporated," and that "all degrees heretofore and hereafter conferred" by us are "valid." We are, and have been recognized by the Bureau of Education, Department of the Interior, Washington, D. C., and by the Regents of the University of the State of New

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York; and we are receiving the co-operation and support of the leading men in the profession in all parts of the country.

In the face of these facts, is it not time that those who have so long and so maliciously misrepresented our status, should learn that they cannot crush us, and that we shall succeed in spite of all their purile opposition.

Colleges, like individuals, meet with opposition, just in proportion as they possess the inherent elements of success. It is only the strong and progressive that are feared, and hence opposed. But such opposition only developes and strengthens the character of individuals or institutions, and the better fits them for the work in which they are engaged.

The United States Medical College, after overcoming every obstacle that has been thrown in its way, will now be content to be judged by its record, and can well afford to leave its enemies to sink into the oblivion from which they hoped to emerge by attacking an institution which they feared and could not control.

AFRAID TO DISCUSS VACCINATION.

At the recent meeting of the American Medical Association, at St. Paul, Minn., over nine hundred members and delegates were present, and among them many of the leading men in the profession from all parts of the United States and Canada.

A question as to the value of vaccination as a protective against small-pox was raised, and promised to lead to a lively discussion, which would not have been all on one side as formerly. As this fact became apparent those interested in perpetuating the fallacy of vaccination had the discussion quickly ruled out of order, and thus prevented an expression of opinion by those who had thought themselves out of the belief in the Jennerian fable. If the advocates of vaccination had faith in it themselves, they would not fear public discussion as they do; and if their pretended statistics could be sustained they would be glad of an opportunity to silence opposition by adducing facts, instead of preventing discussion by technical objections.

It cannot always be thus, however, and we predict that the time is not far distant when thinking men in all schools of medicine will not

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only demand, but receive a hearing on this question. Then the right will prevail, and we believe it will not be on the side of those who fear discussion now.

WHO WILL WORK FOR THE COMING "NATIONAL?"

Members of the National Eclectic Medical Association, who contemplate writing 'papers,' to be read in full, or by title, at Topeka, next June, will do well to inform the President, Dr. A. J. Howe, Cincinnati, Ohio, in regard to the nature of their wishes. They will please name the topics they propose to discuss or write upon.

PROCEEDINGS OF SOCIETIES.

ALBANY ECLECTIC MEDICAL SOCIETY.

The Annual Meeting of the Albany Eclectic Medical Society, was held at Glove Hotel, Albany, July 6th, 1882, at 11 o'clock. The President, Dr. Salmon called the meeting to order, and when the roll was called the following members answered to their names; viz: Drs. Salmon, Wilson, Neef, Douglas, Stillman, Cullen, Robens, Schell, Barlett, and Janes.

The minutes of last meeting were read and approved. The Secretary made a verbal report. The Treasurer, Dr. Wilson, reported $38.96 on hand after paying all bills to date. The President reports the Society in healthy condition. Dr. Crammer, of Saratoga, now removed to New York City, asked that his name be dropped from the role. Carried.

It was moved that there be no nomination committee, but an informal ballot for the election of officers. It was moved that the Secretary be instructed to furnish the Medical Tribune the minutes of this Society for publication. Carried. It was moved and seconded that the Secretary be requested to communicate with Secretaries of Schenectady, Green and Schoharie Societies to see if the territory can not be consolidated. Carried. Moved to adjourn for dinner at 1½ o'clock and first business after dinner to be election of officers.

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Meeting called to order at 3 P.M., by President, Dr. Salmon, in chair, and on motion, the Society proceeded to the election of officers for the year 1882–83, with the following result: *President*, Dr. Thomas H. Salmon; *Vice-President*, Dr. Asa G. Stillman; *Secretary*, Dr. Chas. A. Janes; *Treasurer*, Dr. John Wilson; *Censors*, Drs. Thomas Robins, Archie Cullen and Jacob F. Neef.

Moved and seconded that a vote of thanks be given to Dr. Stillman for the faithful discharge of his duties as Secretary, and that the same be recorded on the minutes. Carried. Committee on Legislation reported all medical bills a failure. The report was received and committee retained. Moved and seconded that the by-laws, as amended, be adopted and that the committee be instructed to have the same printed. Carried. Moved and seconded that Dr. Salmon report on certificates at next meeting. Carried.

The Society proceeded to elect delegates to State Society, with the following result: Dr. J. H. Wilbor, of Cohoes; and Dr. Jas. Douglas, of West Troy. Dr. Cullen called the attention of the Society to regulations of National Board of Health, relating to certificates of death and recommending scientific nomenclature. Dr. Barlett reported a case of Syphilis with the treatment.

The following members paid their dues for the ensuing year: Drs. T. H. Salmon, A. G. Stillman, W. R. Barlett, Jas. Douglas, J. Wilson, J. F. Neef, Thos. Robins, Chas. A. Janes, and G. B. Schell. Moved and seconded that we adjourn to meet at Mansion House, Troy, N. Y., October 5th, 1882, at 11 o'clock A.M. Carried.

CHAS. A. JANES, M.D., *Secretary*.

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VERMONT.

THE seventeenth annual meeting of the Vermont State Eclectic Medical Society convened at the State House, on June 14th, and was called to order by the President, Dr. W. D. Waller, of Montage, Mass. The attendance was good, but no business was transacted in the forenoon. In the afternoon there were elected as officers for the ensuing year: *President*, Dr. W. D. Waller; *Vice-Presidents*, Drs. H. E. Templeton, of Montpelier, and L. A. Noyes, Randolph; *Secretary and Treasurer*, Dr. G. H. Gray, Calais; *Censors*, Drs. W. F. Templeton, Glover, W. R. Woodward, Londonderry, and S. G. Soules, Hardwicks.

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Dr. W. R. Woodward read a very able essay on pneumonia, contrasting the diagnosis and treatment of the disease 320 years B.C. and at the present day, showing a wonderful change in the treatment. Dr. A. D Ayer read several selections, showing the steady but sure advance of liberal ideas in medicine. He also reported that an institution which advertised as an Eclectic College, under the name of the Detroit University, was a fraud, and that several of the professors on its list were connected with the notorious fraudulent diploma college at Philadelphia, run by John Buchanan. Those whom he knew to be of that class were Henry C. Stickney, formerly of Stow, O. C. Parmeter, George Buchan, and John G. Siggins. By persistent effort, Dr. Ayer succeeded in rooting out the bogus institution, and it is now supposed to be closed up.

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NEBRASKA.

The Nebraska State Eclectic Medical Association met pursuant to adjournment, President R. S. Grimes, M.D. in the chair. The usual business was transacted.

The following officers were elected for the ensuing year: *President*, Dr. R. B. Morton; *Vice-President*, Dr. A. L. Root; *Secretary*, Dr. C. Sturdevant; *Treasurer*, Dr. J. S. McCasland; *Censors*, Drs. Babcock, Van De Walker, and Woodward.

The Association adjourned to meet at Seward, on the last Tuesday, in May, 1883. C. L. Sturdevant, *Secretary*.

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ILLINOIS.

The Illinois State Eclectic Medical Society held a session of two days, Wednesday and Thursday, June 8th and 9th, 1882. Several interesting papers were read, and the date of meeting was changed from the first Wednesday in June to the last Wednesday in May.

The following officers were elected: *President*, Dr. H. K. Stratford, Chicago; *Vice-Presidents*, Drs. W. H. Hobson, Irving, and N. M. Carter, Lincoln; *Treasurer*, Dr. R. F. Bennett, Litchfield; *Rec. Secretary*, Dr. W. D. Matney, Harvel; *Cor. Secretery*, Dr. N. H. Paaren, Chicago. Decatur was selected as the place of meeting in 1883.

W. D. Matney, *Secretary*.

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MISCELLANY.

Billroth's Operations.—It is no wonder that Billroth does remarkable operations. In the first place he is responsible to no one; there is nobody to question him or to ask, why do you do this, or why do you do that? The patient has not a word to say in the matter. If Billroth determines to do an operation, that is the end of it; he is supreme. If the patient recovers, all right; if he dies, all right; not a particle of difference in either way. I do not know if he even has any particular satisfaction in the recovery of the patient; it all lies in the fact of having done the operation. In the second place, Billroth has been first professor for years. He has the most abundant material of all classes, qualities and kinds. He does all kinds of surgery, including everything relating to the female generative tract. There is no specialty of gynecology of any consequence here. There is not a day in the year and has not been for years, that Billroth has not done major operations. I do not mean amputation of limbs or resection of joints—he would not look at such a thing. Why! he whips out a goitre as a sort of by-play while the patient is being etherized. To take out a tongue is easy for him, and he ties the lingual arteries on both sides with the utmost ease. So exceedingly familiar is he with the topographical anatomy of the body that he rarely uses a director, but cuts right down to the place. He stops at nothing. The other day he was removing a cancerous ovary which was found to be adherent to the bladder and part of a small intestine. Does he stop? No! He cuts out a section of the bladder, stitches it up, cuts off seven inches of the intestines, stitches the ends together removes the growth, closes the wound, and the woman recovers. I saw a man in the ward with a cancer of the stomach at the pyloric end, and after opening the abdomen, he found the disease so extensive, involving so much, that he could not remove the growth at all. Does he close up the wound? Not he! He cuts down to the healthy gut, snips it off, cuts a hole into the healthy part of the stomach, stitches the gut to it, and the man is getting fat. Now I say that, to be sure, they are wonderful operations: but why should'nt they be? Billroth has attained the boldness and amazing skill in surgery by easy stages and after years of daily operating. Another thing, if he

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proposes doing an operation a little new or out of the way, he has one cadaver or a dozen to experiment upon, if he wants them, at any time or hour of the day. There are twenty to thirty bodies in the pathological rooms every morning.—McClelland, in *Medical Times.*

Aconite *v.* Salicylic Acid in the Treatment of Rheumatism.—Aconite has been very highly recommended in the treatment of rheumatism. I have given it in this disease with great advantage; and Dr. Murrill, in his exhaustive letter on aconitine, or aconitia, in the Journal of 15th April, states that Gubler commends it highly for the relief of the pain of acute rheumatism and gout. I will briefly detail a case at present under my care, where aconite had a fair trial and failed, and in which the value of salicylic acid was immediate, pronounced, and general. A woman, age 26, was admitted under my care at the North-West London Hospital, suffering from rheumatism of three weeks duration; the temperature was 101 degrees to 102 degrees. The disease was complicated with nausea and symptoms of pericarditis, as well as with pains in the shafts of the long bones, and erythematous eruption on the legs. On admission she was treated by the house physician with a mixture the main ingredient of which was potassium iodide. This she took for several days without any perceptible effect, till I put her on a mixture containing two minims of tincture of aconite in combination with a little digitalis and fifteen grains of bicarbonate of potash, to be taken every three hours for twelve doses. It slightly lowered the temperature after the first day only, caused a copious perspiration, but was attended with no beneficial effect, either as regards the pains, the palpitation, or the fever. This mixture, with one minim of the tincture of aconite, was continued for nine days, but with no other effect. I then gave fifteen grains of the salicylate of soda in water, with the result that in three days the temperature was normal, the pain had disappeared, and the heart symptoms greatly relieved. This confirms to some extent the statement of Dr. Maclagan that salicylic acid is not injurious to the integrity of that organ, and that in cases where it appears to be so, damage to the heart occurs in the natural and erratic course of the disease, often even before its manifestations in the joints become apparent.—*British Medical Journal.*

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Simple Method for the Cure of Ozæna.—Dr. Gottstein (*Gazz. di Roma*) considers ozæna as a constant symptom of chronic coryza. There is no doubt that after the interference with the function of the glands there is a diminution and alteration of the nasal secretion. Part of it, drying rapidly, adheres to the mucous membrane, on which it forms crusts, and it is the decomposition of these which is the cause of the odor. It is, therefore, only necessary that a limited portion of the mucous membrane should undergo atrophy to give origin to an ozæna. In adopting this theory of ozæna it is evident that there can be no question of radical cure, since it cannot be hoped that the secretion of an atrophied mucous membrane can ever become normally re-established. We must, therefore, be satisfied with the treatment of symptoms, which is the most simple and convenient for the patient. The author was led by chance to employ the following method, from which he has already, in fifteen cases of ozæna, seen the best results in less than three months. Dr. Gottstein commences the treatment with a nasal douche, which, by freeing the cavity from its secretions, permits the recognition of the character of the mucous membrane and the extent of the lesion. This is followed by the introduction of a tampon of cotton three-fifths centimetres long, which should remain in position for twenty-four hours. About an hour and a half after the introduction of the cotton there is a little secretion from the nose. When the tampon is withdrawn the secretion is found to be fluid and without crust or odor. Twenty-four hours can be allowed to elapse between two applications of the tampon. When both sides of the nose are affected, the nose can be tamponed every twenty-four hours on the alternate sides. The tampons cause an artificial contraction of the cavaties, and so increase the action of the secretions, which are absorbed as rapidly as they are formed, and their desiccation is thereby prevented.—*L'Union Medicale.*

On the Treatment of Phthisis by Inhalation.—Dr. S. Dowse read a paper on this subject. He prefaced his paper by referring to the recent very valuable discovery of Dr. Koch, concerning the tubercle-bacillus; and he thought that the inflammatory theory of tubercle, and Dr. Sanderson's recent lectures at the College of Physicians on Inflammation, tended to support rather than to detract from the results of Dr. Koch's original investigations. Dr. Dowse, through the kindness of

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Dr. Blake, was enabled to show to the members present many forms of respirators, including one of Dr. Blake's invention, which were useful and adapted for the purposes of inhalation. Dr. Dowse said that it was more than ten years ago when he first began to treat pulmonary consumption by inhalation; and he regretted that, until recently, he had not carried out his experiments with that care which so important a subject demanded. During the months of September, October, November, and December, he had treated his patients in the North London Hospital for consumption, by several forms of inhalation, and he almost invariably had good results. He thought, however, that the process of inhalation was far from perfect, and he hoped for better results in the future. Short histories and notes of several cases were brought forward as evidence in favor of this mode of treatment. He spoke particularly of the value of acetic ether as an inhalant; in fact, he went so far as to say this drug was, in his opinion, capable of dissolving nascent tubercle. The mixture which he generally used had the following composition:

℞.—Thymol..... ℥iij
Ætheris acetici. ..... ℥iij.
Ætheris sulph. ..... ℥i.
Creasoti. ..... ℥iij.
Acidi carbolici. ..... gtt. xv.
Terebine ad. ..... ℥iv.

Ten drops to be used at a time for an inhalation.

He laid great stress upon continuous inhalation: for instance, two hours in the morning, afternoon, and evening, as well as during the whole night. The subject appeared to be of considerable interest. A lively discussion followed.—*British Medical Journal.*

Cimicifuga Racemosa for Headache.—Observing the similarity between the physiological effects of cimicifuga racemosa and a periodical form of headache, accompanied by indigestion, I used it in that disorder with success, although the disorder had resisted every kind of medication, and had persisted with intermissions from one to two weeks, for upwards of thirty years.

This disorder is characterized by the following symptoms, some of which are identical with the effects of cimicifuga racemosa when

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given in large and repeated doses, viz: Intense headache, increased by the least physical exertion or mental excitement, flushed face and injected eyes, slow, large pulse, and moderately strong.

The above symptoms are accompanied with indigestion, which is not the cause of the disorder, but one of the effects. The disorder is probably caused by perverted action of the sympathetic system of nerves, and the drug, which has a specific action on that system, cures both the indigestion and headache.

Doses: Ten drops of the fluied extract cimicifuga in five tablespoons of water, stir briskly, and take a teaspoonful every hour until relieved.—*Journal of Materia Medica.*

The Caster-Oil Plant as a Fly-Killer.—Observations made by M. Rafford, a member of the Societe d'Horticulture, at Limoges, show that, a caster-oil plant, having been placed in a room infested with flies, they disappeared as by enchantment. Wishing to find the cause, he soon found under the castor-oil plant a number of dead flies, and a large number of bodies had remained clinging to the under-surface of the leaves. It would, therefore, appear that the leaves of the castor-oil plant give out an essential oil, or some toxic principle which possesses very strong insecticide qualities. Castor-oil plants are in France very much used as ornamental plants in rooms, and they resist very well variations of atmosphere and temperature. As the castor-oil plant is very much grown and cultivated in all gardens, the *Journal d'Agriculture* points out that it would be worth while to try decoctions of the leaves to destroy the tree flies and other insects which in summer are so destructive to plants and fruit-trees. Anyhow, M. Rafford's observations merit that trial should be made of the properties of the castor-oil plant, both for the destruction of flies in dwellings and of other troublesome insects.—*British Medical Journal.*

A Remedy for Asthma.—A correspondent of the *Sydney Town and Country Journal* writes to that paper to bear personal testimony to the correctness of the claim which has often been made on behalf of a species of *euphorbia* indigenous to Queens-land, and known scientifically

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as *e. pilulifera*, that it affords a remedy for asthmatic and bronchal affections. An ounce of the leaves of the plant placed in two quarts of water, and allowed to simmer till the quantity is reduced to one-half, will afford a medicine which, taken a wine glass-full at a time, twice or thrice a day, will relieve the most obstinate cases of asthma, as well as coughs and ordinary chest affections. The leaves may be easily gathered and dried, and kept for a considerable length of time. Evidence of the virtues of a decoction of the leaves of this species of *euphorbia* is very general in Queens-land and parts of New South Wales, as other kinds of *euphorbia* have a considerable medicinal reputation in India and elsewhere. Thus the leaves of the *e. nereifolia* are prescribed as a purgative by the native practitioners in India, while the root of the *e. ipecacuanha* is said to be equal in all respects to the true ipecacuanha. This extensive genus of plants evidently deserves the careful study of skilled botanists and druggists.

Scarlatina.—Dr. J. A. Octerlony (*American Journal of the Medical Sciences*, July, 1882,) basing his opinion upon the careful study of fifty-eight cases of scarlatina occuring under his own observation, advocates the theory of Eklund, of Stockholm, whose observations as to the parasitic nature of this disease he has repeatedly confirmed. In the urine of scarlatinous patients there is constantly present an immense number of peculiar cellular bodies which have received the name of plax scindens. They consist of sporodial cells, flat, oval, or round, and either colorless or yellowish-white; they have a distinct cell-wall, and a nucleus of a clear, brownish color. Sometimes the nucleus contains a very minute nucleolus. As seen floating about in the fluid examined, they often exhibit rotatory or screwing or see-saw movements. It has been observed that these little bodies multiply by division of the nucleolus, then the nucleus divides, lastly the cell itself undergoes division; mycelium filaments never develope from these cells, nor do they arrange themselves in beads or in the zooglœa form. These bodies are always found in the blood and urine of scarlatinous patients.—*Chicago Medical Review.*

How to Remove Corns.—Saturate a small piece of cotton with alcohol, apply it to the corn for a minute, then with a sharp scalpel or knife carefully separate the corn from the healthy tissues, which is

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easily done by a careful handling of the knife or gentle pulling with forceps, while the parts are being immersed with alcohol. If the alcohol dries away while operating, apply the saturated cotton again, and I frequently find it necessary to apply this several times before the operation is completed. The alcohol not only lessens the sensibility of the parts, but it facilitates the separation of the hard corn from the soft and tender tissues. This cures, and that without drawing a drop of blood or producing any pain, except what results from pulling on the corn with the forceps. After raising one edge, it is about like removing a piece of adhesive plaster.—*American Medical Journal.*

New Material for the Drainage of Deep Wounds.—At a meeting of the Philadelphia Academy of Surgery, Dr. Levis presented a new material for the drainage of deep wounds. He referred to the disadvantages of the india-rubber tubes as generally used for the purpose, and stated that they soon became occluded by viscid matters. Their previous condition is soon lost, and their contents become septic and sources of danger. The material which he uses exclusively is simply threads of india-rubber such as are used in weaving elastic textures. Their softness and pliability render them mechanically unirritating. Any number may be introduced, varying with the extent of the suppurating cavity, and, if desired, they can be removed singly, thus gradually decreasing the drainage. The material is inexpensive, and may be obtained from any dealer in india-rubber goods.—*Philadelphia Medical Times.*

FOR SALE.—A desirable place and established practice for sale. This is a splendid opening for an enterprising man, who is either an eclectic or liberal homeopath in his practice.

For particulars, address, Wm. Bell, M.D., Seneca Castle, N.Y.

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The Medical Tribune.

VOL. IV SEPTEMBER, 1882. No. 9.

*WOMAN AND HER DISEASES.**

WOMAN, in all civilized communities, is regarded as the weaker sex; and, from the nature of her physical conformation, and the relation she sustains to the male portion of mankind, custom has wisely exempted her from many of the hardships and dangers common to man. She is nevertheless called upon to encounter inconveniences growing out of the functional necessities of her generative organs, and the repeated ordeals through which she must pass in reproducing the species. She is thus made liable to many diseases from which man is exempt.

The liability to uterine derangement is so great, and the individual causes of suffering so numerous, that the woman is frequently led to realize her extreme susceptibility to the functional and organic diseases of her sex, and is often heard to express a regret that she was not created man instead of woman. Especially in our large cities are female diseases of frequent occurrence, owing, principally, to the sedentary habits and customs of society, which are at variance with the laws of health.

That the uterus and its appendages should so frequently become the seat of disease, is not so mysterious to the physician, when he considers the character of the changes so frequently transpiring in those organs, and the local and constitutional influences to which they are exposed.

* Read before the Brooklyn Academy of Medicine.

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The anatomical and physiological relation of the uterus to the sympathetic and cerebro-spinal nervous systems is of such a character that it must be apparent, that influences, either mental or physical, may arise at any time, which may change the function of that organ. Under such circumstances hereditary and constitutional tendencies may determine the character of the morbid development.

THE MENSTRUAL PERIOD.

The received theory with reference to the cause of menstruation is, I believe, now considered to be the result of ovarian excitement, during or at the close of the maturing of the ovules in the ovaries. In all normal cases of menstruation, a sympathetic relation exists between the ovaries and the uterus. About the time the ovum is developed, and just prior to its expulsion from the ovary, an exalted state of the uterus takes place; its blood-vessels become distended, and a general hyperæmic condition of the organ fore-stalls the advent of the catamenial flow. Whether the menstrual blood is the result of simple rupture of the engorged blood-vessels, as claimed by some authors, or whether it may be regarded in the light of a secretion, one fact is apparent, that changes are transpiring in the mucous surface of the uterus, and there is emitted from it elements capable of organization, as evinced in the formation of the deciduous and dysmenorrheal membranes; as, also, in the altered function of the organ in the formation of various morbid growths.

There would seem to be some evidence of the secretory function of the uterus, independent of the discharge of mere blood. We have, under such circumstances as retention or suppression of the menses, a diminution of the red corpuscles of the blood, and, associated with this anæmia, a disturbed state of the system. This would suppose some irritating or morbid presence in the blood, which the uterus should have eliminated.

There is no doubt in my mind that many organic diseases of the uterus have their origin in functional derangement occuring from cold and other causes at the menstrual period.

FIBROID, POLYPOID AND OTHER UTERINE TUMORS.

There is a tendency in all mucous membranes to develope morbid growths, and in no part of the system is this tendency so common as in the uterus. Whether fibrous and fleshy growths of the uterus

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are the results of long-congested and sub-acutely inflamed conditions of the organ, or whether the result of an abnormal secretion, or from partly disintegrated and metamorphosed tissue, or whether developed from germs imbedded in the blastema of the subjacent mucous tissue of the mucous membrane, certain it is, that such growths are of frequent occurrence, and are the result of some pathological condition of the functions pertaining to the uterus.

It is a law in physiology, that a long-continued increase or determination of blood to a part may give rise to an increased development of that part. All muscular parts of the system may increase in size by a hyperæmic condition of their blood-vessels; the heart may enlarge or thicken its walls; the cartilage of joints may become thickened; even bone is liable to enlargement from the same cause. The uterus is not only liable to a long-continued vascularity, but it presents a mucous surface which renders it doubly liable to excessive development. "Mucous and cutaneous follicles, after a continued excitement, frequently acquire an extraordinary degree of development, and even at times without such obvious cause."—(*William's Path.*, page 301.)

These morbid growths are probably produced, partly from an exuberance or increase of the natural texture, and partly from new formations or new structure. Fibroid tumors differ from polypus in that they are non-pediculated, less cellular and more fibrous, and also from the fact that they are intermediate between the fungus and solid fibrous tumor.

It would seem that the most usual time for the development of tumors of the womb, is about that period when the functions of the uterus are about to be suspended. Is it not reasonable to suppose, that at the period when the functions are but partly exercised, and the engorgement of the vessels not relieved by the catamenial flow, that the epithelial debris, arrested fibrin, and other elements usually excreted, may undergo a degeneration, and prove a cause of morbid growth?

In the process of menstruation, nature demands this periodic and hyperæmic condition of the uterus to furnish the material for menstrual blood. During the changes consequent upon suspension of the menses, we have this congested condition of the vessels of the uterus, and an excess of the peculiar materials usually furnished to supply the discharge. This excess of material, not being required

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for the imperfectly performed, if not entirely suspended function, nature disposes of it upon the same principle that excessive growths take place in other parts of the body.

We have sometimes in these growths an augmentation of the uterine walls, or proper tissue of the womb; in other cases they occur as appendages growing from, although attached to, the uterus. In some instances they are principally fibrous in their nature; in others they are of a fibrous texture, interspersed with cells, or cysts, containing serous fluid; while, at other times, they partake somewhat of a fatty nature.

The growth or development of these tumors is very capricious. In some instances they will develope rapidly from the first, until they arrive at a sufficient magnitude to mechanically interfere with some neighboring organ or function, when serious symptoms may arise, which may ultimately prove fatal. At other times, after a certain period of development, they will remain stationary, and during a life-time may not seriously interfere with any of the functions of the body.

The inconvenience and danger of these tumors are not, at all times, in proportion to their size; as, in some instances, s small tumor may interfere with and derange the functions of the uterus; while, in other cases, the uterus and adjacent organs will not be interfered with, although the tumor may be of a large size.

The structure of these tumors also differs much. We find them of every degree of density, from that of a soft fleshy character, with loose fibrous tissue, interspersed with fatty deposits, or serous fluid, to a firm fibrous tumor. In some instances, in the interstices of the cellulo-fibrous texture, we find depositions both of the phosphate and carbonate of lime, and even osseous concretions.

All authors agree that the treatment of fibrous tumors of the uterus is very unsatisfactory, and hitherto little has been attempted, except in the way of palliative measures.

Curability of Fibroid Tumors.—In 1867 the Eclectic Medical Society of Pennsylvania, offered a prize of $100 for the best written essay on "The Uterus; its functions and disorders." The competition was open throughout the States and Canada. I entered as a competitor and won the prize. Among other diseases treated of in my essay was "Fibroid Tumors of the Womb" and their curability. I gave as examples quite

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a number of cases which I had treated and cured together with the means employed; and also my theory of the supposed action of the medicine. Since that time quite a number of fibroid tumors of the womb have been treated and cured by me; in fact the majority of all the cases which have presented themselves for treatment and who have faithfully persisted in the use of the means have been cured. The space in this essay is too limited to give cases; but I will briefly report two additional ones in order to establish the fact.

In 1870 a lady residing in Islip, L. I., called at my office to consult me in reference to a fibroid tumor of the uterus. She referred to a remarkable case of a lady visiting in her neighborhood who had been cured by me, and said, that a knowledge of the case had induced her to call.

She had been under the care of her family physician who had done all he could to relieve her of periodical hemorrhage, but who could offer no encouragement beyond temporary relief. In fact he denied the curability of such cases. Before I would consent to prescribe for her I required her to see an eminent gynæcologist of N. Y., (probably the most eminent in America,) who also gave her no hope of a cure.

Her confidence, however, was not abated, and securing board in the city of Brooklyn, she placed herself under my professional care and in due time she had the gratification to know that she was improving and finally was entirely cured.

Miss ——, residing in Evergreen Ave., Brooklyn, was treated by her family physician for a long time, for repeated hemorrhages resulting from fibroid tumor of the womb. The tumor was nodulated and extended from one ilium to the other; and from the base of the pelvis as high as the ensiform cartilage. This patient was greatly emaciated and reduced in strength and had been unable to leave the house for over two years.

The first indication for treatment was to arrest as far as possible the hemorrhage and to restore her strength. This being accomplished positive treatment for the absorption of the tumor was commenced. The plan of treatment which will appear later in this paper was pursued and a general abatement of the tumor was the result.

When the larger portion of the tumor had disappeared, it was supposed that the action of the remedy had crowded the remainder of the tumor (by contraction of the uterine fibres) toward the

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uterine cavity and probably it was becoming pediculated. With the advice and assistance of Prof. Edwin Freeman, of the Eclectic Medical College, of New York, I dilated the womb with sponge tents. We found that the tumor was really in the process of forming a pedicle, but the base of the tumor was so large and undefined that no operation for its removal could be entertained. By continuing the same means which had previously been employed the tumor eventually entirely disappeared, and the patient has for many years been in the enjoyment of the best of health.

Before commencing positive treatment for fibroid tumors, it may be necessary in debilitated subjects to use means to restore the tone of the system. Such tonics as may seem to be indicated should be employed. If the patient is constipated, tonic laxatives may be used. The following is good:

℞.—Pulv. rhei opt. ....gr. xxx.
Quiniæ sulphatis ..... gr. viii.
M. In chart. No, III. divide.

Sig.—One powder three times a day.

Cascara cordial is also good, or Hunyadi water may be taken once or twice each day.

If there is much anæmia from protracted loss of blood suitable preparations of iron and bark may be useful, (after the hemorrhage has been arrested).

One of the very best general tonics, for loss of appetite and debilitated patients (which I have used extensively for twenty years) is as follows:

℞.—Pruanini virginianæ corticis ..... lb. i.
Cocculi palmati rad. .....
Aristolochiæ serpentariæ rad. aa. ..... lb. ss.
Anthemidis nobili ..... ℥iv.
Xanthoxyli fraxinei, corticis .....
Zingiberis officinalis aa. ..... ℥i.

Mix and crush the roots to a proper consistency for percolating. Then dampen the compound with diluted alcohol, place in a percolator and add slowly diluted alcohol until one and a half pints of tincture have passed. Then continue the percolation with cold water until sufficient liquid has passed to increase the first quantity to one quart. Set

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this aside and continue the percolation with hot water until eight pints of liquor is passed. Place this liquid over the fire and add eight pounds of granulated sugar. Stir until the sugar has dissolved, then remove from the fire, and when cool add the tincture.

Of this preparation, one table spoonful should be given three or four times each day.

After the debility is measurably over-come by the use of vegetable tonics, and if necessary with some of the preparations of iron, and the bowels are restored to a more healthy tone, commence the administration of the specific remedies.

One of the most potential of the specific means which I employ for the cure of fibroid tumor of the womb is *secale cornutum* or ergot. I usually employ Squibb's fluid extract and give from 12 to 30 drops twice each day, according to the strength of the patient and its effects upon the system. After the ergot has been used for a time, say, three to six weeks, it may be suspended, and other remedies used in its stead. After an interval of from one to three weeks, it should again be given as at first. During the time the ergot is being used, and in fact all through the treatment, either an alterative containing the iodide of potassium should be used, or tonic treatment should be given at intervals if found necessary.

There is a difference in the susceptibility of patients to the use of ergot, as some can bear much larger doses and for a much longer time than others. I usually suspend its use before any unpleasant symptoms appear, and in fact do not remember but a few instances of any untoward symptoms appearing from its employment. As a rule I discontinue its use during the menstral period. I also employ as an auxilliary to the ergot, and to assist in promoting absorption of these tumors, muriate of ammonia in small doses, twice each day--say from 8 to 15 grains, dissolved in a little water. I use the ammonia during the suspension of the ergot. I am not prepared to say upon what principle this last remedy acts, but it possibly does so by lessening the excess of that peculiar blood-plasma upon which the morbid growth depends for its development.

I cause to be applied over the abdomen the compound iodine ointment once each day, and continue it during the treatment, unless too much irritation is produced, in which case its use is suspended for a time.

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As before stated I use as an auxilliary to the ergot, the compound syrup of stillingia and iodide of potassium. This acts as an alterative and assists in the absorbing process. If tonics are indicated I suspend the alteratives and direct my medication to assist the nutritive and digestive processes, and when opportunity affords, I again commence with the alteratives.

Assuming that ergot does cure non-malignant tumors of the womb, I presume to offer the following theory upon which its action depends, viz:

1st. It acts by contracting the blood-vessels that are distributed to the tumor; lessens its vitality by cutting off the usual supply of blood, and measurably performs the office of a ligature.

2d. It lessens the amount of nutrition to the parts; favors the disintegrating process by diminishing the vitality of the tumor, causes it to undergo a fatty degeneration, enables the absorbents to maintain a balance over the nutritive process, and thereby assists to disperse the morbid growth.

3rd. It produces contraction of the uterine fibres, causes them to act as a compress, as the substance yields under the pressure, thereby furnishing the same principle or means the surgeon would employ were the tumor accessible to his appliances.

It may be admitted by objectors that tumors growing from the mucous membrane and occupying the cavity of the uterus may be acted upon, and at times, expelled; or, that absorption may be produced by the contractions of the uterine fibres upon the inclosed tumor, but, say they, what will you do with those tumors that appear as a part of the womb, being, as it were, an out-growth of the uterine wall; or, what is still worse, when the tumor is located exterior to the womb, and although attached to, growing from it?

In answer to such objections, I will state, that I do not claim infallibility for my treatment, and that I recognize, in some of these locations of the tumors, greater difficulty in accomplishing the cure, and I believe the chances are lessened in proportion as the tumor is situated exterior to the uterine walls; and, also, in proportion to its density and deviation from the natural texture of the organ. Yet, I hold that the principle upon which the remedy acts is not invalidated by the location of the tumor, only so far as compression is concerned. It is true, that if the location of the tumor is exterior to the walls of

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the womb, it cannot be dispersed or absorbed by the muscular contractions of that organ; yet, its vitality can be lessened by cutting off the circulation at the base of the tumor and ligaturing, as it were, the arteries that are distributed to it.

As I have no experience in the treatment of these tumors by hypodermic injections with ergot and other agents, and as my space is so limited, I shall not discuss the subject in this number. I will simply say that I consider the plan feasible and may yet employ it as a means to assist other remedial measures.

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ECLECTICISM AND THE HISTORY OF MEDICINE. *

In the *Medical and Surgical Reporter*, of Philadelphia, the refusal of certain Old-School physicians to consult with Homeopaths was explaned by a meeting of consultants of the two schools being called a "palpable absurdity."

When reading this we were reminded of Polonius critique of Hamlet's mental condition: "If this is madness there is method in it." From, I might say, an ancient old-school stand-point there is no such thing as consultation with a Homeopath. The real orthodox belief in both schools bears a striking likeness to the Roman Catholic axiom as to the Jesuits; "*sint ut sunt aut non sint;*" or one might compare the drift of their mind with the passion for consistency in the montaguards of the first French revolution, as enunciated by Robespierre, "rather ruin France than injure a principle!"

Restricting the question altogether to the homeo-allopathic discussion, the logic of the "palpable absurdity" is of so glaring a nature that I should not venture the most trifling remark against it. But we cannot leave it there, and the correspondent of the *Medical and Surgical Reporter* himself, in arguing his point, goes beyond it, and adds:

* Read before the New Jersey Eclectic Medical Society, at its Semi-Annual Meeting, on May 11th, 1882.

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"What we have here said applies quite as well, and even more strongly, to those *hybrid* practitioners who profess to practice according to both schools."

This is the *sedes materiæ* of the correspondents blunders. The Eclectics are no "hybrid" practitioners who, while being allopathic aborigines, oft and anon play the part of Homeopath, but they are representatives of a progress, which, as much under an historic as a dogmatic point of view, is altogether justified, and which theoretically is as rational, as its promotors are practically thriving. The Eclectic stand-point is not a Procrustean-bed on which the huge frame of allopathy is hewn down, or the infinitesimal dimensions of homeopathy stretched out to a medium size which the requirements of a given moment may suggest; but it is, as it were, a dissolving menstrum by whose influence the drugs—allopathy and homeopathy—which from lack of affinity will not combine directly, are soothed into a synergistic compound. Eclecticism is not a "hybrid" system, but so to say a natural historic precipitate of the homeo-allopathic differentiation. It is not optional, nor arbitrarily dictated by any perverse equalizer, but the product of a practical necessity, or the logical issue of the law of evolution, the natural selection in the warfare between the most useful germs.

Bearing in mind the hostility of the class of old-school physicians, to which the aforementioned correspondent of the *Medical and Surgical Reporter* belongs, against the Homeopathic and the Eclectic schools, one should suppose the historical developement of medicine to be void, thus far, of any unitary scientific results. Nevertheless there are very marked ones, and if those ancient bigots make it a point to estimate the so-called old-school, only in as much as it is an antipode to progress, they incur the danger of getting on the direct route of obsolescence in the scientific world. Be the diversity or divergence as to minor or secondary points in history ever so great, the entity of a perfect entireness of the fundamental principle of the healing art, *i. e.*, of its scientific base, is no longer to be denied. The highest authorities, belonging to the old-school, if to any, proclaim and demonstate the entity of this entireness, and in the presence of a vindication of monopolized science like that of the correspondent of the *Medical and Surgical Reporter*, is not to be met with by any argument short of the Horatian: "*pueri, pueri, pueri puerilia tractant.*"

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Seventeen centuries ago *Galen* called sickness "a painful unnatural disproportion of the solid and liquid parts of the body and a disorderly mixture of its juices." In this definition the dualism of sickness and health which always, by its striking outward appearance, will impress itself on the uncultured mind, is claimed to be the basis of pathology, and for fifteen centuries the theory and practice of medicine was ruled by these views of Galen. But in the seventeenth century already *Sydenham* (1624–89) contended sickness to be the agent of health, praising particularly pyrexia as the best purifier of the blood; and in our own time, *Henle*, the celebrated Gottingen Professor of Anatomy, calls sickness a mere deviation of the normal, typical, *i e.*, healthy process of life, a modification of health brought about by an expectoration of the normal force under exceptional circumstances, and this standpoint is endorsed by *Virchow*, of Berlin, and *Bouchut*, of Paris. Although the language of either in the course of the argumentation by which they come to the same conclusion be different. "Life is impressionability," says *Bouchut*, "diseases, therefore, are nothing else than altered impressions." *Virchow* arguing from his cellulo-pathological discoveries, sees the essence of life in the cellular movement, kept up by outward irritating agencies which produce an effect on the innate forces and capacities. Sickness is in his eyes a mere abstraction. "There is no such a thing in reality," he says, "sickness as well as health being life itself, that is to say in a certain sense, the constituents of it."

Thus in pathological regard the historical development of the science of medicine exhibits a solution of the dualism of sickness and health in a substantial unity of both.

Similarly we note the historical development of therapeutics. The *Talmudists* deviate from the plain and wise Mosaic directions of hygiene to such a point as to admit prescriptions like this: "If one is suffering of gravel you catch a louse of a man, and a louse of a woman, suspend the louse of the man at the nipple of the breast of the woman, and the louse of the woman at the nipple of the breast of the man, and then the man make water to a blackberry bush, and pay attention whether the gravel be evacuated." *Quintus Serenus Samonicus*, a Roman physician of the fourth century, wrote a didactic poem in which excrement of mice was prescribed in case of inflammation of the mammary glands, and urine of goats in case of renal calculi, or as a universal remedy an amulet bearing the mysterious inscription

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"Abracadabra." At the same time the therapeutics of Galen were the foundation of a medicinal rheumatism which since he established it, according to the greatest Eclectic, Boerhaave, wrought more mischief in the world, than all wholesale murder in the total number of intestine and foreign wars of all nations of our globe taken together. *Aetius of Amida* (502–572) who was an official at the Byzantine Court, prescribed, in case of suspected poisoning of a wound, an emplastrum of walnut which was to be thrown to the chickens: if they would eat it there was no poison in it, and if they refused there was. *Gilbert*, of England, as late as 1235–1312, in case of lethargy directed a sow to be tied to a post of the bedstead of the patient; and even *Paracelsus ab Hohenheim*, the medical revolutionary (1493–1541) believed yet in specific Arcana. *John Brown* (1735–1788), claiming the physician to be the revisor and corrector and by no means the humble servant of nature, inaugurated a relapse into the dispensary routine of Galenic origin. While, I say, all this had been going on, nevertheless, after the discovery of the circulation of the blood by Wm. Harvey (1578–1658), and still more so after the discovery of its regenerator, oxygen, by Priestly (1733–1804), t every attentive eye the wide shrubby undergrowth of the tree of science whose individuality the historical developement displays, is tapering to the spire of truth, by which the road of future elucidation is distinctly marked out.

Rischlaub (1768–1835) was the first to decree the differentiation of th science of life into pathology and physiology, but it was not until many years later when all the leading scientists, men like *Henle, Virchow*, and *Bouchut*, were unaimnous as to the impropriety of basing therapeutics on two diverging foundations, treated separately as pathology and physiology, each doctrinary domain claiming therapeutic conclusions of its own. "All cures," says *Bouchut*, "are nothing else than varied impressions. Accordingly, in his eyes it is irrational in any case which may occur to take solely pathological or exclusively physiological views. *Virchow* claims: "The calling of the medical profession is to lessen impending indispositions, and to equalize actual disturbances; they have to bring about more favorable conditions of the realization of life."

What now is to be inferred from all this? That all and every restriction of therapeutics to self-limited pathological maxims like those of "contraria contraris opponenda," or "similia similibus cur-

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antur" is under an historic point of view an anachronism, and under a dogmatic point of view an irrationality. The establishment of such exclusively pathological watchwords as general therapeutical axiums, starts from the idea of the drugs of the pharmacopœa being invested with an intrinsic healing power, and this idea is antiquated and wrong. The field of action of the physician is a much more extended one. It is not only the pathological disorder, but the physiological condition, and also the mental and social state of his patient which has to be taken into account. He has, therefore, to supply his remedial interference from all the various quarters which promise to furnish successful means for the restoration of health, and accordingly the only school which may boast of a complete historical and rational foundation is the selfsame Eclecticism which the correspondent of the Philadelphia *Medical and Surgical Reporter* calls *hybrid*. Every wise physician is virtually an Eclectic; and indeed, the declared Eclectics differ from the sensible practitioners of other schools in no other way than by professing explicitly and on a broad scale what the most enlightened of their brethern of the other schools practice in a more limited and less liberal way.

An indication more in favor of the Eclectic standpoint is the passionate contentious character of the animosity between the Allopaths and the Homeopaths. If the contest were more substantiated there would be no need of a language of so low an order as very often is used by either of the two parties. Thus the correspondent of the Philadelphia paper deems it necessary, expressly to aver that the refusal of "regular practitioners" to consult with Homeopaths, does not arise from the opinion that all "Homeopaths are either knaves or fools," a restriction whose benevolence reminds us of the answer which the Cardinals of Rome gave to General Bonaparte (whose name in the Italian language means a good many) when he told them "sono briboni tutti!" (you are all rogues!); they answered: "non tutti ma—Bornaparte!" (not all, but—Bornaparte). There is only this difference between the benevolent restriction of the Philadelphia paper correspondent and the pen of the Italian priests, that this is a fine witticism, and the former a clumsy truism.

Homeopathy in the extreme exclusiveness of certain high dilutionists is not a jot better than bigoted Allopathy. Those high potency enthusiasts who ostracised *Hempel*, because of his preferring to operate upon a wen with a knife, rather than wait for its suppuration

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on giving Hepar Sulphur, are even worse than the "regulars." The former would rather see their patients die ere they would deviate a hair's breadth from the strict rule of Homeopathy, while among the latter many practitioners act according to the Eclectic principle of using the most appropriate remedies, never mind their off-spring, character, or category. Although the so-called regulars sneer at the symptomatous treatment of the Homeopathic school, yet Professor Alonzo Clark, M.D., of New York, in an average case of tyhoid fever rejects all medication except for the relief of symptoms. The drug fanatics haughtily refute the reproach of constant over-medication by their "good full dose." But the old-school physician, George Johnson, M.D., fully admits that in most cases where opium is given, the secondary effect of its massive doses, by the irritation they set up, will act diametrically opposite to what they were intended for; and Thomas A. Emmet, M.D., in his gynecology, page 283, expresses a fear that the inventor of the hypodermic injection of opium has given to the human race a curse instead of blessing. The big dose fanatics are ridiculing all and every expectant method. But the old-school physician, Professor Sturges, M.D., sets it down as a rule that gleet is cured easiest by just letting it alone, it being due in most cases to nothing else than over-medication.

Now then, what is it the Eclectic school is doing, by professing the standpoint which in such a hasty manner the Philadelphia journal correspondent calls "hybid?" It puts forward deliberately and explicitly the principles which the best members of the old-school reluctantly and implicitly recognise as their own. The Eclectic principle is, not to do anything *mal a propos*. The Eclectics do not reject the "good full doses" of Allopathy, but they restrict them to emergencies which require direct and rather forcible action. In a case of atonic uterus they will not rest their confidence on infinitesimal doses of *secale cornutum*, but have recourse to good full doses of ergot. In cases of chronic nervousness, however, if they decide to give medicine at all, they will take Homeopathy and its dilutions in due consideration. At least *true, geniune, Eclecticism* will proceed in this way. There are Eclectics who do not take such a grand view of its vocation, and who instead of considering it the heir presumptive to the crown of medical fame, restrict all the weight of their scientific individuality to the preference of certain drugs to others, or the entire rejection of some. But this poor-minded reiteration of the new

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onesidedness is not the conquering agent of the historical evolution, the outworking of which is Eclecticism itself; it is an ephemeral bywork of history to which future times no *monumentum aere perennius* have in store. True Eclecticism embraces all the wisdom of hoarded up scientific investigation, and avails itself of all stratagems of the healing art. It realizes in the independence of its standpoint the idea of unity of the medical art and science which lies as much at the bottom af all natural philosophy as it is the outworking of all learned research from the remotest time up to the very day we live.

C. A. F. LINDORME, M.D.

Jersey City, N. J.

THE PUBLIC HEATH AND THE DANGERS OF VACCINATION.

TO the EDITOR OF MEDICAL TRIBUNE:

SIR:—Medical men who have gravely pronounced vaccination to be a *benign* operation, affording immunity from small-pox, and attended with no shadow of danger, are now reluctantly surrendering their positions one after another, but I am not aware that such surrender has been accompanied by any expression of penitence for the serious and fatal consequences which have so often attended the adoption of the popular prescription.

Dr. Drysdale, one of the ablest and most persistent champions of vaccination in the metropolis, in a recent letter to the London *Echo*, being hard pressed by Mr. P. A. Taylor, admits that "accidents" do occur, but in order to weaken the effect of such a damaging admission for a "benign operation," adds, that "their number in Great Britain and the United States at all events has been extremely few." And in proof of this comfortable conclusion the Doctor quotes the experience of one of your medical authorities, Dr. H. A. Martin, of Boston, Mass., reputed to be one of the largest manufacturers and traders in vaccine virus in America, whose advertisements and ciculars are in no respect inferior in extravagant promises to those of the great army of patent quack medicine vendors whom he so successfully emulates.

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It must surprise Dr. Drysdale's friends (if anything is surprising in reference to the vaccine propaganda) that so intelligent a writer should attach any importance to the negative evidence emenating from such a vitiated source. What trader in medical nostrums ever admitted evil consequences from the use of his specifics since the world began? *Moreover, evidence is not what a man has not seen, but what he has seen.*

Brudenell Carter, F.R.S., L.S.A., in the *Medical Examiner*, for May 24th, 1877, referring to the most dreaded of all diseases, saye "that a large proportion of the cases of apparently inherited syphilis *are in reality vaccinal.* And with such an interpreter it would be interesting to inquire what Dr. Drysdale and other champions of enforced vaccination make of the following list of authenticated cases of transmission of this one disease (vaccine syphilis) alone, published by the celebrated Lancereaux.

By Cericli	40	At Rivalta	46
" Tassani	46	By Trousseau	1
" Surgeon B.	19	" Maronni	34
" Hubner	8	" Devergie	1
" Marcolini	40	" Chassaignac	1
" Vian.	2	" Herard	1
" Lecoq	2	" Adelasio	1
" Gallizo	14	" Monell	1
Total			258

To these may be added the follonwing:

By Hutchinson	24	By Sebastian	1
" T. Smith	1	" Collins	2
" Hulke	1	" Fuqua	52
" Oldham	3	" Cullimore	1
At Lebus	18	In Algiers	58
By Depaul	58		
Total			478

Dr. P. A Desjardin gives full details in *La Science Libre*, No. 21 (including the names) of 58 young men of the Fourth Regiment of Zouaves, seriously infected with syphilis from Vaccination performed by the Military Surgeons, at Algiers, December 30th, 1880, according to the French regulations.

If these cases are insufficient to show the dangers of vaccination, I beg leave to refer investigators to the relation of a Parliamentary

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Return, No. 392, Session 2, dated 1880, as to which the entire English Medical press have thought it prudent to preserve a profound and unbroken silence.

AVERAGE YEARLY DEATHS UNDER ONE YEAR OF AGE PER 1,000,000 BIRTHS.

ENGLAND.	Syphlis.	Erysipelas.	Skin Diseases.	Pyæmia.	Scrofula.	Mesenteric. Disease.
Voluntary Vaccination, 1847 to 1853.	564	817	183	Not distinguished before 1862.	351	2,981
Obligatory Vaccination, 1853 to 1867.	1,206	781	253	155	611	3,371
Enforced Vaccination, 1867 to 1878.	1,738	834	343	180	908	4,373

That is to say—that while the death-rate of infants from *all causes* is declining, the death-rate from *inoculable*, and, therefore *vaccinal*, diseases is increasing.

Nor is the danger from the use of animal virus less than that from the orthodox Jennerian arm to arm method as instituted by the author, which I shall be prepared to demonstrate in another communication. As this is a matter which so greatly concerns the public health, I venture to hope you will find room in your valuable journals for these painful details.

WILLIAM TEBB.

London, Eng.

*SPIRIT OF THE PRESS.**

ANTIDOTE FOR STRYCHNIA.—Dr. Robert Barnes, in the *British Medical Journal* reports a case of strychnia poisoning antidoted by the administration of nitrite of amyl. When called, the patient was suffering from most violent tetanic spasms, with opisthotonus so marked that he was arched nearly double, and respiration almost suspended. By applying nitrite of amyl to his nostrils, the symptoms were at once ameliorated; and the moment the premonitory twitchings or facial

* Prepared by Huldah T. Gunn, M.D., New York.

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distortion appeared, he was again made to inhale the drug, and always with the effect of averting or greatly moderating the fits. To make the evidence complete, the nitrite was withheld on the approach of the symtoms, when the spasm would appear in nearly its original intensity. This treatment, continued for sixteen hours with constant watchfulness, resulted in the recovery of the patient.

The theory of cure is not that the antidote neutralized the poison, but it sustained the patient against its action; in fact kept him alive till the poison was exhausted. There is good evidence to show that strychnine kills by repeated violent shocks to the nervous centers, especially the respirotory and spinal centers; and if these shocks can be averted or moderated till the poison has been eliminated, the patient is safe. Agents that have to be administered by the mouth as a rule, fail to meet the exigency of the case, as the mere effort to swollow will excite a tetanic fit, that may exhaust the patient before a therapeutic effect can be had. The rapid absorption by inhalation of amyl nitrite, and its power to control diastaltic function and muscular spasm, places it second to none as an antidote for poisoning by strychnia.

Use of Nitrite of Amyl in Parturition.—Dr. Fancourt Barnes, physician to the British Lying-in-Hospital, and assistant physician to the Royal Maternaty Charity, reports in the *British Medical Journal*, for March, 1882, the use of amyl nitrite to counteract the effects of ergot. The midwife hoping to hasten the third stage of labor had given the patient ergot, directly after the child was born, which caused hour-glass contraction of the uterus. The os internum, and muscular fibers above it were so contracted as only to admit a finger. The umbilical cord had been separated from the placenta. He administered three drops of the nitrite to the patient by inhalation, which immediately arrested the uterine spasm, so that the os, that had been absolutely undilatable, steadily yielded under the influence of the drug, till he was enabled to introduce the whole hand into the uterus and detach the placenta, which was universally adherent, There was no hemorrhage whatever, and the placenta itself presented a remarkably exsanguine appearance.

Local Anæsthesia.—*The Lancet*, of July 1st, 1882, under the title of *Death under Chloroform*, describes two cases that proved fatal from the administration of chloroform, in minor operations. In both cases

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the subjects presented no such indications of organic disease as would, according to present known rules, prohibit its administration; so, of course no blame could be attached to the medical men in charge. The lesson to be learned from these fatal cases is the importance of surgeons depending upon local anæsthesia, when at all practicable. It is the opinion of the writer that both these cases could have been successfully operated upon, without incurring the least danger to the patients, if a little more trouble, real or supposed, had been taken for the production of local anæsthesia. The one was cancer of the lip, and the other removing diseased bone from the foot; both cases in which the local method of ether spray was especially adapted. He emphasizes the importance of surgeons discriminating as to whether local or general anæsthesia is necessary to meet the case, thereby lessening the risk to human life that always attends the latter.

Bromoform (Methyl Bromide).—In the *California Medical Journal* for June, 1882, Dr. M. H. Logan, in an article on *The Methyl Compounds*, says: This, (bromoform) if known, would partake of the properties of chloroform and the bromides. It would be a safe anæsthetic, and a powerful one. Its effects would be more lasting than chloroform; its dose would be larger, and taken internally; it would no doubt be anti-spasmodic *par excellence*, and one of the best remedies in acute mania, convulsions, and everything of that nature. It only awaits investigation.

Bicarbonate of Soda in Tonsilitis.—M. Gine, Prof. of Clinical Surgery at Madrid, affirms that the repeated application, topically, of bicarbonate of soda is of incontestable efficiency in tonsilitis. The powder may be projected through a tube on to the inflamed parts, or applied directly with the finger. The relief is often immediate and the cure often rapid, sometimes requiring but twenty-four hours. The application is rarely inefficacious and often aborts the disease in its prodromal stage. M. Gine also considers these applications of great benefit in hypertrophy of the tonsils, often obviating the necessity of amygdalotomy.—(*American Medical Digest.*) *Edinburgh Medical Journal*, June, 1882.

Remarkable Case of Fecundity.—The *Edinburgh Medical Journal*, for June, 1882, publishes a paper read before the Edinburgh Obstetrical Society, by Dr. W. J. Kennedy, entitled a *Case of pregnancy in a woman at the age of sixty-two.* The case is well anthenticated, the author having been the accoucheur.

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He has nothing unusual to report concerning it except the fact of pregnancy at the advanced age of sixty-two years, and its being her twenty-third confinement. Her labor was natural and comparatively easy, and the result was a healthy, well developed, male child rather above the average size. The woman's maiden name was Jessie Boyd, born at Selkirk, Scotland, October, 1818. She was married in 1838, and gave birth to her first child in the same year. She became a widow soon after its birth; but married again in about two years. By her second husband she had *nine* children (once twins), and two miscarriages. The second husband died, and she again married, and by the third husband had *eleven* children at term, the last being born on November 29th, 1880. The child preceding this one was born in 1874, and between the two she had a miscarriage. So it is seen that during a period of forty-two years, she gave birth to twenty-one children and had three miscarriages. Dr. Kennedy observes as a point worthy of note the regularity with which she went on conceiving after she had passed the ordinary child-bearing period.

At the ages of forty-seven, forty-nine, fifty-one, and fifty-three, intervals of two years, she gave birth to children. Then again at fifty-six, three years elapsing, then in four years, at the age of sixty, and again at sixty two. From a medico-legal point of view this case presents features of special interest.

Copal Varnish for Abortive Treatment of Felon.—Dr. A. B. Isham, in the *Philadelphia Medical News*, speaks authoratively as to the therapeutic value of copal varnish in treatment of whitlow. Out of thirteen cases presented for treatment, seven were cured by the application of this agent alone. The other six were considered too far advanced for the trial of the varnish, pus having already formed. The cases treated with varnish having all the symtoms characteristic of felon in its initiatory stage, swelling, redness, heat and great pain. The enflamed parts were bandaged with flannel, saturated with copal varnish, and then enveloped in dry flannel bandages. When the dressing became unpleasantly hard by drying more varnish was added from time to time. If found desirable to remove the dressing, rub well with fresh lard, and wash in soap-suds. No good can be expected from this treatment after suppuration has taken place, as it is a cardinal axiom in surgery that where pus has formed it must have exit.

Dialyzed Iron as an Antidote to Arsenical Poisoning.—The *Buffalo Medical and Surgical Journal*, for August, 1882, quotes from a com-

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munication from Dr. Bullard, in which he takes very positive ground in regard to the value of dialyzed iron as an antidote to poisoning by arsenic. Dr. Bullard's position as physician in the hospital of the Alta Montana Company, gave him opportunity to treat a large number who were poisoned by arsenical fumes while engaged about the smelting furnace. He claims to have cured fully two hundred cases, during the past two years, by the administration of this drug. He reports a few as typical cases where there was vertigo, vomiting severe pain in stomach and bowels, tremor in the lower limbs and profuse "nose bleed." His treatment was a wine-glassful of dialyzed iron for first dose, followed by drachm doses every half hour till the symtoms subsided. Within twelve hours a mild purgative was given. By the second day the men were able to go to their work, entirely free from all pain and effects of the arsenic. No constitutional disturbance followed its administration. The teeth are not discolored, bowels not constipated nor digestion deranged. He used the iron prepared by Wyeth of Philadelphia.

A Utopia in Medicine.—Dr. E. J. Baker, retiring President of the Niagara County Medical Society, in the address before that body on "*The Present Status of Medicine and its Future*; concludes with the following ideal of the future: "As the war-horse scents the battle afar off, so will the keen-eyed, alert physician decern in earth, air, and sky, portends of disease. His words of warning and advice will reach every hearth-stone where he reigns an arbiter of health; so that back of effect, and back of cause the antidote may be applied. Censure will surely attach to him if disease invades before the warning comes.

"As the physician justly merits, and quite generally receives discharge, who fails to recognize a well-marked, familiar disease, *then* his services will be no longer wanted if he fails to *anticipate* disease. I do not *know*, but I think that in that truer time, to be a doctor so-and-so, will be honor enough for any man. No *ic* or *pathy* will be appended to add luster to his name or calling. Potencies, nor active principles, nor mineral, nor herb shall draw invidious lines. In solid phalanx shall the healers stand. Death will not then claim one-third the race before the age of five. Schools and colleges will not then be approved and ingeniously applied machines where health and vigor is crowded out as knowledge is crammed in.

"*Ex*tensive life will grow at the expense of *in*tensive. *Physiology* and hygiene will be taught and understood. *Then*, a sound preliminary

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education will be required of each applicant at the threshold of our medical colleges. The term of study will be extended and the course thoroughly graded. The different chairs will be well endowed, and it is more than likely that all temptation to the granting of degrees will be removed from the schools and vested in State Boards.

"This change is not to be brought about in a day, nor by a feeble, spasmodic allegiance to a code of ethics; nor by revoluntionary measures relating to such code; but in years patiently spent in attaining to a high mental, moral and professional excellence."

ANTISEPTIC SURGERY.

THERE has been much said for and against antiseptic surgery, and both sides have strong men at the helm.

I do not wish to be understood as advocating carbolic acid spray or carbolized appliances as alone antiseptic; nor yet salicylic acid. Each one forms an important branch of the tree of antiseptics, antagonizing and preventing that dread condition *septicemia*, or blood poisoning. Now, could any sane man, in the capacity of a surgeon, wish for a condition of blood poison; or, if it were threatened, would he not fly for an antiseptic. Allow me to answer that even those who bitterly oppose antiseptic surgery will be the first to seek relief, even if the hated carbolic spray was the best. They would never stop to consider whether it was introduced by Prof. Lister or came from any other source. It is not my province to dictate or to assert, but allow each rational reader to draw his or her own conclusions.

My main object in this brief article is to introduce an old remedy which has never had the reputation it deserves as an antiseptic. I allude to Calendula Officinalis, or Garden Marigold. This is an annual plant, growing in the yards and gardens all over the United States. It is from one to three feet high, with a stem having many branches; leaves alternate, oblong, acute, lanceolated. The flower-heads are large, solitary upon each branch, and of a rich orange or golden yellow color.

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Ovary, ovate and heart-shaped. Florets of center, tubular and said to be sterile, base hairy, etc.

This common herb has a rich aromatic ordor, somewhat resembling arnica, and a saline bitter taste. The flowers are the officinal part, to which we wish to call the attention of the reader. They impart their medicinal virtues to dilute alcohol.

I usually add to each pound of the flowers, one quart of diluted alcohol, which is percolated and expressed, and then bottled for use. The properties are reputed to be diaphoretic, aromatic and stimulant; but for the present I will say stimulant and antiseptic, both internally and externally.

It is used with advantage in typhoid fever, in ulcerations of the mouth, throat, stomach and bowels, and in strumous affections. It is also very useful in cancrum oris, aphthæ, cancer of stomach, etc.

When given internally I usually prescribe it as follows:

Tinct. Calendulæ offic..... ℥ ii.
Aquæ..... ℥ ii. M.

Dose.—One teaspoonful every four hours.

The greatest specific effect of this remedy is obtained when used as external applications to cancer, foul indolent ulcers, bruises, contusions, wounds, and after surgical operations on carious and necrosed bones. When thus used it prevents septicemia, and promotes a healthy granulation and cicatrization. I have tried it in all forms of operations of this kind, and can say it far supersedes carbolic acid, or any other dressing I have ever seen in use. To try it is to be convinced of its antiseptic powers. Let others try it and report the results to this journal. It may be used full strength, or diluted with equal parts of glycerine. It is best applied on surgeon's lint, and should be used freely once or twice a day.

Again in gynecology it is a valuable remedy. Mixed with glycerine in equal parts, it may be applied to the os uteri on pledgets of lint, and left over night. In this way it will rapidly cure cervical ulcerations and vaginal inflammations. It seems to give a tone to the mucous membranes that cannot be secured by any other remedy.

W. F. Ball, M. D.

East Liverpool, Ohio.

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EXTRACTION OF TEETH IN PREGNANT WOMEN.

At a recent meeting of the St. Louis Medical Society (St. Louis *Medical and Surgical Journal*) this subject was under discussion. Dr. Brock asked, "Is it advisable to allow the extraction of a tooth or of teeth in a woman who is pregnant? I have been several times asked this question by dentists. Some eminent dentists are afraid to extract an aching tooth in a pregnant woman, lest it may cause abortion."

Dr. Green says that it does not necessarily produce abortion. Of course there may be cases where such an effect would follow, but if the woman is suffering, and can not be relieved by any other means, he would recommend the extraction of the tooth.

Dr. McPheeters said that there is a form of toothache which is sometimes a symptom of pregnancy. The teeth are sound, and, of course, it would do no good to extract them. He would not hesitate to advise the extraction of a carious tooth.

Dr. Hughes said: "Some patients, when pregnant, are extremely hyperæsthetic: the hyperæsthesia extends to the branches of the fifth pair. Other women who are more or less nervous when not carrying a child, seem to possess more nerve then than at any other time. I do not know, in view of the varying and variable physiological condition in which we find women in the pregnant state, that we could arrive at any definite rule applicable to all cases. It is simply a question of individual temperaments, of conditions of the patient, and of the existence of centric or eccentric irritation; the existence or non-existence of central or peripheral irritation. And, if a pregnant woman is extremely hyperæsthetic, and you can find a focus of origin for it in the peripheral irritation of a decayed tooth, there would be no impropriety, in the majority of cases, I apprehend, in the removal of that decayed tooth. If in a condition of general nervous excitation, especially if centered in the brain or cord you have any form of spasmodic display, and you find a possible peripheral source of the irritation, I think the general sentiment of the profession would concur in the propriety of removing that possible source of peripheral irritation."

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Dr. Jonaston said: "Some years ago I was called to a lady who had been married six or eight weeks. The second left molar was decayed and an abscess was forming, and protruded from the roof of the tooth. The abscess was painful, and I advised opening it. She consented, and I took my lancet and opened the abscess. This produced a tremendous shock, and in twenty-four hours she aborted. This case occurring in my early practice has made me very careful about extracting a tooth from a patient during the early part of pregnancy if she were of a nervous temperament; it is a hazardous practice. But if the toothache continues, the reflex irritation of the pneumogastric nerve, connecting with the great sympathetic, may induce uterine contraction, and cause the woman to abort. In such a case we should recommend that the tooth be pulled. There is no rule in the practice of medicine; and no rule as regards drugs, except castor oil. I have given calomel for twenty years, under the supposition that it acted on the liver, and now we are told that it dosen't act upon the liver at all."

Dr. Hurt closed the discussion by saying: "I think we are all obliged to concede the possibility of the extraction of a tooth during pregnancy producing abortion under certain conditions. There is no doubt, also, that there are circumstances under which the extraction of a tooth during pregnancy ought to be advised. The loss of a sound tooth ought not to be allowed unless something is going to be accomplished by it that cannot be accomplished otherwise. But I would have no hesitation about advising the extraction of a tooth from a pregnant woman, if it was absolutely necessary to relieve her from a distressing, harassing pain that was wearing her out; and in doing this we administer an anæsthetic without interfering in the least with the pregnancy. When she is under chloroform or ether we obviate the shock which is usually attendant upon the extraction of teeth. And experience has taught that pregnant women are very tolerant of these agents."—*Cincinnati Med. News.*

A PREJECT of law making vaccination compulsory has been rejected by the vote of the Swiss people.

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HYDROPHOBIA TREATED SUCCESSFULLY WITH ACONITE.

THE rapid approach of the dog days, and the recent report from Paris of a successful case of hydrophobia treated with pilocarpine, induce me to publish the notes of the following case, where aconite —a drug possessing properties in some respects analogous to jaborandi—was the chief remedy employed.

A boy, aged ten years, presented himself at the out-patient department of the North-West London Hospital, complaining of pain over the diaphragm and abdomen, with gasping and spasmodic breathing. Some three weeks before he was bitten on the finger by a supposed rabid dog; but as the wound after cauterization healed well, and as he continued in his usual health, no notice was taken of him till two days before he was taken to the hospital. At this time, however, owing to the wound becoming painful and angry-looking, and symptoms such as restlessness, anxiety, fidgetiness and sleeplessness, having commenced to trouble him, relief was sought. The boy was admitted an in-patient on November 13, 1881, as, in addition to the symptoms just detailed, there was a peculiar and suspicious wildness of expression, with choreic-like twitches of the face, and a temperature of 101 degrees F. These symptoms, taken in their entirety, led me to so strongly suspect the existence of the melancholic stage of hydrophobia that I fully expected the immediate onset of the fully developed symptoms of this dreaded disease. The tongue was furred and cracked in the centre, but red at the tip and edges, and the pulse presented nothing abnormal.

The treatment, after placing the patient in a quiet and secluded corner, consisted of a dietary of milk thickened with arrowroot and beef, with the following mixture:

One minim of the tincture of aconite, six grains of bromide of potassium, six minims of the tincture of cinchona, to half an ounce of water, to be taken every half hour for twelve doses, and then three times a day.

Jan 16th.—Passed a restless night, attended with occasional delirium till towards morning, when very free perspiration was followed by sleep. The sister in charge states positively that he refused to

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take fluids during the night, and, on testing him myself, he took water with reluctance, swallowing it, however, with about the same difficulty one might expect in a sharp attack of tonsillitis. So much was I struck with this symptom that I at once expected some severe throat inflammation; but on examination no swelling whatever was found, nothing, in fact, beyond a slight redness of the parts about the root of the tongue. It is necessary to say that there was not the same difficulty with the beef-tea and arrowroot, to which thickened fluids his drink was restricted, as I did not think it advisable again to try him with water, lest it might aggravate his complaint.

17th.—Continues to complain of the epigastric pain and depression to which is added severe frontal headache, and is much in the same state as yesterday. He takes beef-tea, and has no convulsive paroxysm beyond an occasional twitch.

19th.—The patient has lost his wildness of expression, but appears sleepy and drowsy, owing probably to the effect of the medicine. The wound does not heal well.

25th.—He made good progress since last observation; all symptoms clearing up, with the exception of the abdominal sinking, and the state of the wound, which shows little inclination to cicatrize. The aconite to be omitted, and two grains of quinine to be taken three times a day.

27th.—The temperature, which for some time was normal, rose to 101 degrees F.; but from this date till December 6th, 1882, it gradually declined. Bowels rather constipated throughout. He was then discharged; temperature normal; wound not well cicatrized.

Remarks.—This case presents two problems for solution: First, was it a case of hydrophobia, looking at this affection as the result of a specific poison, and not, as some few still consider it, a complex neuorsis acting on susceptible organizations? Second, looking at it as an example of the incipient stage of specific disease, did the remedies employed prevent its further and fatal development?

The history of the bite and its seat, the period of incubation, and the age of the patient (nine out of thirty-six persons attacked, according to Mr. Dolan, being about this age), together with the renewed pain and soreness in the wound, would render a diagnosis of rabies probable. Added to which, the convulsive twitches, the look of alarm, the fidgetiness, the spasmodic breathing, and the reluctance, difficulty and refusal to take water, though not insurmountable

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on the day after admission, and of short duration, appear to me to afford evidence sufficient to render certain what the prodromata rendered probable. Moreover, the absence of other causes, though carefully looked for, corroborates this view of the case. It might be alleged that the difficulty with fluids was of too transient a character to be compatible with rabies, and I grant I was very agreeably and extremely surprised by its speedy subsidence. Yet, on the other hand, many fatal cases are recorded where there was no hydrophobia (using the word etymologically) and no difficulty of swallowing fluids, while it should also be borne in mind that fluid dysphagia is a symptom of other affections, and that there is at least one case on record where a patient suffering from laryngitis was violently and fatally treated for rabies. Again, if not rabies, what was the disease? Tetanus it certainly was not, for I have seen so many cases of this disease in India that I can positively say the symptoms are very different. Besides, the onset of traumatic tetanus is rarely delayed beyond the tenth day, and never for three weeks. Against the symptoms being caused by serious apprehension and dread of impending evil are the age of the patient and the increase of temperature of the body. The second question to be answered has reference to the value of the medicine. Now, rabies has two stages, exclusive of the period of incubation. One corresponds to the circulation of the poison in the blood, and is reflected by the malaise, fidgetiness, nervous breathing, changes in the wound, and, in this case, at all events, by the pyrexia. The other is due to a later pathological action of the poisoned blood setting up irritation of the medulla and the nuclei of the bulbar nerves, and manifests itself by the fatal spasmodic convulsions of the pharynx and air passages. Therefore the remedy should be selected with a double object; first, to eliminate the poison from the blood, and, second, to counteract, control or relieve the congestion of the nerve centres before referred to. Aconite, as I will now endeavor to show, recommends itself to our consideration as fulfilling both requirements in a manner unequalled by any other drug in our possession, or by any that has hitherto been tried as a remedy for hydrophobia. Thus, by the profuse perspiration which it causes, it eliminates, in common with jaborandi, the morbid poison from the blood. It is true, it does not act as a sialogogue, but no superior benefits can be claimed for jaborandi on this account; as in the olden days mercury to salivation was frequently

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tried, not only with no good result, but often with an unnecessarily disagreeable one. Thus, it is the sweating action of aconite, as it is of jaborandi, that is beneficial in the first stage. We know that many bitten on exposed parts by dogs undeniably mad never catch the disease, and we know also that the poison may remain permanently latent, or latent till called into activity by some exciting cause generatly of a moral nature. Therefore it is easy to go a step further and conceive how in certain mild cases, but when the latent poison has yet become sensible, it may be removed by such remedial agents as the Turkish bath, aconite and jaborandi. But the *role* of aconite does not end here, while that of jaborandi and the vapor bath may be said to do so. For this drug, as a vascular depressant, slows the circulation, and thus reduces the interchange between the morbid blood and those tissues on whose irritation depends the fatal manifestations of the disease, "bleeding"—as Dr. Fothergill expresses it, I think, "the blood in its own vessels." And even when this irritation has occurred, aconite promptly given is not only the best drug to control it, but, by its great power of subduing peripheral hyperæsthesia, it will reduce to a minimum the effect of those secondary external causes which often bring about the paroxysms and give them their fatal virulence. To substantiate what I have just said, I cannot do better than quote a few examples from Dr. Ringer's text-book. He says that one drop of tincture of aconite given at bed-time quiets the distressing fidgets of men and women, and causes calm and refreshing sleep. The import of this is obvious when we remember that fidgetiness is one of the commonest and earliest symptoms of rabies. The same author says it soothes the nervous system, and favors sleep by producing free perspiration, which perspiration may continue for days, and that it cuts shot the inflammation, not by removing its products, but, by controlling the inflammation, it will prevent their formation. In its action on the nervous system Leigois and Hotot state that it paralyzes first the perceptive centres, afterwards their terminations, and, lastly, the trunks of the sensory nerves. Thus I am justified in saying that if jaborandi is useful in the first stage of hydrophobia, and woorali, by its soporific and paralyzing effect in the second, aconite, combining in itself the properties of those agents so highly spoken of, is beneficial in both. It might, of course, be combined with one or other, and should also be given as a prophylactic, as indicated by its sedative action, to all

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who may unfortunately be bitten by animals about whose condition there is the slightest suspicion. Belladonna has been tried and recommended in rabies, which I allude to simply to condemn, for in doses one would be inclined to employ in a disease like rabies, it would probably arrest the action of the skin and cause dryness of the throat and set up convulsions, conditions which it should be our principal aim to prevent.—Dr. D. H. Cullimore, in *The Lancet.*

URÆMIC CONVULSIONS AND COMA SUCCESSFULLY TREATED BY HYPODERMIC INJECTIONS OF PILOCARPINE, CHLORAL, AND BENZOIC ACID.

Dr. W. Brown Moir in writing to *The Lancet* on Uræmic Convulsions, speaks as follows:

Sir:—An account of the treatment pursued in the following case may be of interest to certain of your readers, taken in connexion with a similar case described in your issue of June 24th. The patient, a boy of twelve, was suffering from acute nephritis, urine so scanty as almost to approach complete suppression, deeply tinged with blood, and highly albuminous. The treatment adopted at the outset consisted of a brisk purge of compound jalap-powder, leeches to the lumbar region, warm blanket bath, and mild diuretic mixture. For two days the case progressed fairly well, but on the early morning of the third day being hastily summoned, I found my patient in convulsions, perfectly unconscious, pupils dilated and insensible to light. At this juncture the treatment resorted to was the hypodermic injection of a third of a grain of the nitrate of pilocarpine and an enema of chloral hydrate. Copious perspiration was thus produced; the convulsions continued, however, as frequent but not so severe. On the forenoon of the following day the pilocarpine was repeated, likewise the chloral; similar diaphoretic effects resulting, with decided abatement of the convulsions. With considerable difficulty I now managed to give a dose of jalapine. As soon as the

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ability to swallow returned, benzoic acid in two-grain doses was administered every hour, and the strength supported by small enemata of beef-tea, to some of which was added a little brandy. From the time the power of swallowing returned benzoic acid was the only remedy used, and its use was continued for six days. It was given as above for the first forty-eight hours of that period, and after that in five-grain doses every three hours. During these six days the patient, though free from convulsions and able to swallow, lay in a semi-conscious state, requiring to be spoken to loudly and shaken to get him to take anything. His vision was completely lost. He knew no one, could see nothing held up before him, not even a bright light, pupils still continuing slightly dilated. Under the steady use of the acid the urine increased in quantity, grew lighter in color, and the albumen lessened daily. His mind became clear and vision once more distinct, convalescence being gradually established. Whether the theory regarding carbonate of ammonia circulating in the blood being the cause of uræmia be correct or not (and the recent experiments of Oppler and Zalesky seem to indicate that it is not), this is the second time within my own limited experience of such cases in which benzoic acid has done good service. Whether its mode of action be the conversion of the poisonous alkali into a harmless acid and salt, or in what other specific way it acts, I am not prepared to say, but the above is strictly in accordance with facts.

PERILS OF THE HOT-AIR BATH.

The hot-air bath, in all its varieties of construction and arrangement, is a powerful agent for the disturbance of the circulatory system. The change effected may be good, or it may be bad, for the subject; but it can scarcely be inoperative. The heart's action is quickened; the tension of the blood-pressure is at first heightened, and then—if copious perspiration take place—it may be reduced. Speaking generally, there is a determination of the blood to the surface, leaving the central and deep organs less fully supplied than before. In this way, doubtless, local congestions are occassionally relieved by the

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bath. Under ordinary circumstances, the change effected in the distribution of blood and pressure is likely to be beneficial, but if the heart be weak, or the larger vessels rigid, it may happen that faintness ensues. Then something is done, either by the effusion of cold water on the extremities, or in one or more of several empirical ways, to drive the blood in again, and this endeavor may prove the last strain that throws the whole physico-vital apparatus of the circulation out of working order, and renders the continuance of the essential functions of life difficult or even impossible. We believe the Turkish bath to be most potent, and, when rightly managed, a useful agent for the control of the circulation; but it is necessary to warn the public against the reckless use made of it in cases the precise nature and peril of which are not understood. Except by the robust and thoroughly healthy, the hot-air bath should on no account be employed without express medical approval. Even this restriction is scarcely enough, because it may happen that the subject of a weak heart or abnormal blood-vessels regards himself as healthy, until the unaccustomed demand made on his organs of circulation by the bath discovers the weak place in his economy. It is not desirable to lay too much stress on those deaths which occasionally occur in, or after a visit to, Turkish baths. They are accidents in the use of the agency, and as such must be regarded as significant. At the same time, it is desirable that the dangers of the bath should be more generally understood than they would seem to be, and that the proprietors of these establishments should be required to instruct their managers and attendants to send at once for medical assistance whenever a visitor becomes faint or even momentarily unconscious. Such occurrences must need portend peril of death; and, however large may be the proportion of instances in which the "slight faint feeling" or "sleepiness" passes away, it is manifest that a grave risk is in *all* cases incurred, and a responsible medical man should be instantly summoned to aid the recovery. There ought to be nothing left to the discretion of the manager or attendant in such a case. Again, although it is easy to see that proprietors would prefer to avoid deaths on their premises, no person who has been ill or even slightly unwell in the bath should be allowed to leave the establishment without being seen by a doctor. Further, we think the practice of *sleeping* in the hot rooms ought to be interdicted. There is always danger at the moment of awakening.—*The Lancet.*

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The Mirror.

So act that your principle of action would bear to be made a law for the whole world.—KANT.

THE NEW YORK POST-GRADUATE SCHOOL OF MEDICINE.

WE are to have a post-graduate school of medicine in New York. It will open its doors on November 1st, and it is claimed that it "will mark a new era in regard to medical education." The Faculty assume that the profession, as a rule, are ignorant, that the medical colleges have no teachers capable of instructing medical students sufficiently to prepare them for the practice of medicine, and that they alone are qualified to give such instructions as will elevate the profession to a higher plane than they have heretofore occupied.

The announcement of the opening of the school has been so extensively circulated both in this country and Europe, and the claims of its organizers are so pretentious, that a history of its origin may not be out of place.

A few years ago the Medical department of the University of the City of New York, added to its regular faculty several special professorships, and agreed to pay the lecturers $200 a session for their services. The number of students largely increased, and the special professors began to demand more pay, and a voice in the management of the college. Failing on both these points, they threatened to resign and withdraw their influence unless some new arrangement

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was made for the session of 1882–83. The governing faculty, feeling sure that the success of the school did not depend upon their subordinates, refused to make any arrangements different from those previously agreed upon.

Then followed the resignations of the special professors, most of whom were unknown to the profession, and had been simply hangers-on to the University, for the advertising they secured by their connection with it.

When the fact of their resignations first became known, these gentlemen did not hesitate to state that the governing faculty were receiving large sums of money from the students, while they received but $200 a year. They claimed that they contributed to the success of the school and should therefore receive equal compensation with the regular faculty. Later, it occurred to them that they would attack the integrity of the governing faculty, by asserting that the instructions were not thorough and the requirements for the graduations were too low.

All at once they were seized with a desire to elevate the standard of medical education. They discovered that New York needed a school for practitioners, and that they were the men specially qualified to enlighten the profession how to treat disease. Thus was the post-graduate college conceived, and after an easy labor brought forth. Now let the intelligent members of the profession come forward and view the monstrosity.

The Professor of Surgery has held subordinate positions in several of the colleges of New York City, for a number of years, and has failed to attain a higher position. He may be a good surgeon, but we have had a number of cases under our care, which he treated while connected with the College of Physicians and Surgeons, that could not be taken as illustrations of special skill in surgery. We speak for ourselves and many of our friends in the profession, when we say that he is not the man we would select to give us special instructions in surgery.

Prof. Hammond is certainly a man of ability, and is without question the head and front of this new movement. In fact the most of the others serve simply as a tail to his kite. His method of advertising has been such that if he desires to continue it in the future, he must have a college from which to hang his flag. His ornamental chair; his elevated platform, from which he looks down on those

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who go to consult him; and, his opthalmoscope, which "never lies" about the quantity of blood in the patient's brain, are so many auxiliaries with which to astonish the people; but the college is of the first importance. Then he has books to sell, which tell us that insane persons should be hung to get rid of them—books, that if all that is original in them were learned by the student, he would have to unlearn it during the first five years of practice.

Dr. Roosa, as an occulist, has decided ability. He operates well and can undoubtedly give thorough instructions in ophthalmic surgery, but we have occasion to know that in the therapeutics of diseases of the eye he is behind the age.

Dr. Sturgis is known chiefly as the spy and informer, who has had no other business to attend to but to hunt out and prosecute those whom he supposed were practicing without the legal (?) qualifications; and as the informer gets half the fine, he carried on a profitable business for a time. He has been advertising as a specialist on Venereal diseases, in a way that would be considered a violation of the "code" in any one outside of a medical college. Some time ago he issued a circular offering to give physicians ten lessons on the treatment of venereal diseases for $25, and sent the same to the profession, generally. The insolence of this becomes more apparent when it is known that he is a young man, of little or no experience, and yet he sent his circular to many of the best practitioners of this city, who had successfully treated those diseases before he was born.

Of the other members of this faculty we have nothing to say. They are all comparatively young, and with no more than the ordinary education and experience of men of their years. With two exceptions they are entirely unknown, and will undoubtedly be greater gainers by their connection with a college, than the practitioners they attempt to instruct.

It is true that many physicians would avail themselves of an opportunity to "brush up" on special branches in a thoroughly organized post-graduate school. It is also true that such a school would be a credit to the profession, if the chairs were filled by men of large experience as practitioners and teachers. Let us suggest a few names: For surgery—Sayer, Van Buren, Carnochan or Marcoe; for gynecology—Sims or Thomas; for pathology—Delafield; for skin diseases—Fox or W. H. Draper; for venereal diseases—Otis or

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Keyes; for anatomy—Darling or Sands; for the other essential chairs, the same as announced. These men will attract practitioners, wherever they are, and with such a faculty a school for practitioners would be sure to succeed.

Physicians who attend lectures after graduation want to hear the best results of years of study and experience in the treatment of special diseases. The theories of books, and the experiences of fledgling professors, whose cases can be counted on their fingers, have no attractions for them. They have neither the time nor the patience to sit and listen to "associate professors" who secure positions that will only give themselves prestige, and the fewer such, the better for a post-graduate college.

In short, it is evident that the proposed new school was neither conceived nor organized in the interests of the profession, but simply to advertise a lot of specialists who thought they could make more money by this new departure than they could in their former positions.

THE UNITED STATES MEDICAL COLLEGE.

The Fifth Annual Session of the United States Medical College will begin on Wednesday, September 27th, 1882, at 2 O'clock P. M.

From all indications we have reason to believe that the number of students will far exceed that of any previous year; and it is to be hoped that all will endeavor to be present on the first day of the session. For the Faculty we can only say that they are prepared to do all in their power to advance the best interests of the students. The instructions will be thorough and practical, and no student need go away at the end of his course without having a thorough knowledge of the general practice of medicine.

As heretofore, therapeutics will be taught as it is no where else. The general Materia Medica, the Therapeutics of New Remedies, Homeopathy, Electricity, and Magnetic therapeutics will all receive their due share of attention, and students are expected to understand them all before graduation.

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After the opening day the Dean will be at the College building from 1 to 2 P.M. daily, where he can be seen for the transaction of all college business.

Announcements sent, on application to the Dean, 45 East 22d Street, New York.

MEDICAL REFORM IN BOSTON.

Our old friend Dr. M. M. Miles, of Aurora, Ills., in a recent letter, speaks of medical reform in Boston, Mass., as follows:

"I have been stopping in my native city, Boston, for the last few months, and I have been much surprised and highly gratified with the progress which Reform Medicine has made here within the past few years.

"When I was attending lectures in the Medical Department of Harvard University, in 1844, 45 and 46, there was but one Eclectic physician in Boston. There were several Botanic and Thomsonian practitioners: but, with *three* exceptions, they had not received any medical education. Now there are about twenty-five Eclectic physicians in the city; most of them thoroughly educated, scientific, scholarly men, who will compare favorably with those of either of the other schools. They are not only skillful practitioners of medicine and surgery, but they are taking the lead in sanitary and hygienic reforms, subjects of vital importance to every community. They are laboring hard to "elevate the profession and the community morally, intellectually and physically. They have taken a firm stand in maintaining the true dignity and worth of the profession."

"I had the pleasure, by invitation, of attending the Massachusetts Eclectic Medical Association, which held its Annual Meeting at the Revere House, June 1st and 2nd, 1882. I was very much edified by the society's deliberations. There were some very valuable papers presented. In fact, all the essays were of high order, and would compare favorably with those read before any similar body in America.

"It is interesting to see the wonderful improvement which has been made in the Eclectic practice during the last twenty-five years.

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But we must not stop here. The true physician feels that there is no end to learning; "that no man has seen the *ultimatum*, and that we are all pupils in the great school of human experiences."

SUBSCRIBERS, PAY UP.

The present number of the Medical Tribune completes three-fourths of the current volume, and yet many of our subscribers have not paid their subscriptions for this year, while not a few are in arrears for 1881.

One dollar a year is a small amount to each subscriber, but when several hundred are in arrears, it necessitates a considerable outlay on the part of the publishers to keep a journal going. It should not be forgotten that we give 552 pages of reading matter yearly, for one dollar, and to enable us to do so, cheerfully, you must send in your money.

We send out bills in this number, to all who are in arrears, and we hope to receive early remittances. Mistakes are liable to occur in this way, and should any be made, we shall gladly rectify them as soon as notified. We shall also consider it a favor for subscribers to notify us promptly if they fail to get their numbers, as mistakes in mailing are also liable to occur.

NECROLOGY.

It becomes our painful duty to record the death of Dr, A. G. Springsteen, of Cleveland, Ohio, who, for over a quarter of a century, has been a constant worker for the cause of liberal medicine. We had known him personally for fifteen years and always found him a genial companion, a courteous gentleman, a skillful physician and an earnest advocate of the eclectic practice.

Dr. Springsteen was born in the City of New York, December 10th, 1827. He married Miss Helen Pritchard, of Oswego, N. Y., in 1855, and soon after moved to Cleveland, Ohio, where he practiced medicine

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for several years. From there he removed to Chicago, Ills., about the year 1868, and remained there till the time of the great fire, in October, 1871. After that he returned to Cleveland, Ohio, where he was actively engaged in his profession till a short time before his death, and had obtained an enviable reputation for his success in practice. He was twice elected Vice-President of the National Eclectic Medical Association, and at various times, held positions of honor and trust in several organizations to which he belonged.

He had been in poor health for about two years, during which time he had two attacks of paralysis. His last illness began on July 4th and he died July 16th, 1882. A necropsy revealed extensive fatty degeneration of the heart, liver and kidneys, any one of which was sufficient to cause death. He had know for some time that he could not live, and often spoke to his friends of the progress that had been made in eclectic practice, and said he had hoped to live to see it still further advanced. He leaves behind him his mother, aged 89 years, his wife, and seven brothers; and a large number of friends, in and out of the profession, share with them the sorrow for his loss.

MISCELLANY.

THE FOOT, AND HOW IT SHOULD BE TREATED.—The human foot is an instrument admirably adapted to all the various uses it has to serve, which fashion has done its best to spoil by improper treatment. The bones of the instep are so adjusted as to form an arrangement which combines in exquisite perfection the resistance of the arch with as much elasticity as enables it to bear safely the prodigious strain to which it is subjected. The whole frame of the foot is kept in position and made capable of its proper range of movement by means of muscles and tendons, constituting a living and sensitive bandage, increasing or relaxing its pull or pressure in the most exact obedience to our will. In a sound, free foot, each part of the machinery is in constant readiness to bring it into the required position, whether to lift the body, to bound, or to sustain the shock of

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the whole weight in coming down again, or to perform any other of a number of complications of movement. How perfectly the foot is adapted for these purposes, and is protected against too great pressure and sudden shock, is shown by the fact that such violent actions as leaping, or the being burdened with a weight twice or thrice that of the whole body, cause no uneasiness to a sound foot; the injury, if any, resulting from such exertions being usually felt elsewhere. The skin, very thin and delicate on the upper part of the foot, is thick and tough, though soft and pliable, on the sole. Beneath it is a layer of fat, strengthened by strong fibres crossing it and binding it to the muscles and ligaments. The sole can endure great pressure and even violent shocks, but is at the same time curiously sensitive, especially to the touch. It is very easily tickled. This property serves a very important purpose in walking, for the pressure upon the ground stimulates the muscles of the foot to their required activity, without any effort of the will, and indeed without our being conscious of the operation. This spontaneous alertness of the muscles, on which the energy and grace of movement depend, can be secured only by their being kept uncramped, free, and well exercised. How much the shoemaker's shoes, cramping the foot, jamming the toes upon each other, distorting the shape of the organ, and lifting the heel up so that the weight of the body is thrown upon the toes, prevent this, needs no elaboration. The lesson of these observations is that the shoe should give plenty of room all around to the foot, that the sole should be thinnest and narrowest at the "waist," where elasticity is wanted, broad and thick at the tread, where protection is most required, and that no one should be ashamed of the size of his foot. "A well-formed large one is a far pleasanter sight that the smallest one distorted.—*Popular Science Monthly.*

Obesity and its Treatment.—According to the observations published by M. de Saint-Germain, in the "Union Medicale," the great danger to be f[illegible]ed from obesity lies in the direction of lesions of the heart. Co[illegible]derable differences exist relative to the influences of sex on the li[illegible]ility to the affliction, but M. de Saint-Germain be[illegible]s that wom[illegible] are the more liable to it, and that in proportion

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as they are addicted to alcoholism, prostitution, or inactivity. It may be developed at any age, even as early as two years; M. Hillairet recently exhibited at the Academy of Medicine a little girl six years old who was wonderfully fat. Among the causes of obesity are mentioned excess of food and of alcoholic drinks, too much sleep, and occasionally marriage. Widowhood, which makes men fat, appears to have the contrary effect on women. M. de Saint-Germain illustrates his method of treatment by citing the example of one of his best friends—who was most probably himself. Having grown to the weight of two hundred and thirty pounds, he tried to train himself down by the regulation method of treatment, and in six weeks lost twenty-nine pounds and all his strength. He then stopped, recovered his weight and health, and suffered no particular change for eight years. Then he took to horseback-riding, gymnastics and fencing, varying his exercises occassionally, but always keeping them up actively, in the early morning hours. To these he added a severe regimen; no breakfast after his fatiguing exercises, but a cigar to sooth the stomach. Later a breakfast of two boiled eggs, a cutlet with salad and fruit, coffee without sugar or spirit, no bread or wine, but water or tea without sugar to drink; for dinner, no soup, a plate of meat, a dish of green vegetables, fruit, no bread or wine; no dining in the city; absolute self restraint. The result was a fall of his weight to two hundred and twelve pounds, and increased vigor.—*Popular Science Monthly.*

Eczema.—Mr. R. M. Simon (Birmingham Medical Review, May 1882) comes to the following conclusions respecting eczema: First, Eczema is a catarrh of the skin. Second. Its local manifestations may be erythema, a papule, pustule, or vesicle. Third. It may commence acutely and then tend to spontaneous recovery, or chronicity. Fourth. When chronic, not only are vesicles, etc., formed, but exudation takes place into the true skin. Fifth. Such exudation must be removed, which must be by absorption by the medium of the blood-vessels. Sixth. Hard water must always be avoided in treatment. Seventh. In all acute conditions lotions do good, ointments do harm. Eighth. Air should be excluded. Ninth. Water used but little. Tenth. Crusts must be removed.—*Chicago Medical Review.*

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Two New Antiseptics.—M. G. Le Bon has just presented to the Academy of Sciences two new and very effective antiseptics, the glyceroborate of calcium and the glyceroborate of sodium. Both of these compounds have the advantages of being very soluble, destitute of odor, and free from all toxic action. When exposed to the air they both deliquesce with great rapidity, absorbing from the air an equivalent weight of moisture. Both alcohol and water dissolve twice their own weight of these salts. They are powerful antiseptic agents even in very dilute solution; the most effective in a therapeutic point of view appears to be the calcic salt. It is absolutely innocuous, and it can be applied in strong solution to so delicate an organ as the eye without bad results. In a hygienic sense both can be employed with advantage as disinfectants and preservers of meat and other alimentary products. M. le Bon has transmitted meat simply coated with a varnish of the glyceroborate to La Plata, and it has arrived in a perfectly fresh and sound condition. He thinks both salts will prove very useful as antiseptics in Lister's mode of dressing wounds.—*Lancet.*

An Unusual Effect of Sulphide of Calcium.—This salt has come much into vogue, in consequence of the encomiums passed on it by Ringer and others, as a remedy for pustular acne, boils, and various suppurative processes in the skin and glands. According to Ringer, it hastens the maturation of pustules already in process of formation, and checks the production of fresh ones. Alexander relates three cases where, without any evidence of suppurative action in the skin before taking the medicine, pustules of a highly inflammatory character became developed in the skin after it had been taken for several days, and recovery began in each of them immediately after the use of the agent was suspended. The number of instances are too small for arriving at positive conclusions, but the fact is worth bearing in mind.—*Archieves of Dermatology*, January, 1882.

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Subcutaneous Injection of Ether in Pneumonia.—From experience of fourteen cases, Dr. Barth (*Myon Med.*) strongly advocates the subcutaneous injection of about 15 minims of ether in adynamic pneumonia. Almost instantly respiration becomes easier, pulse gains in strength and fullnes, while the color of the face becomes more natural. In two or three minutes the ether odor is noticed in the breath, showing that the volatile liquid has reached the air passages. It is necessary to use the injection at least twice a day, and in severe cases four doses may be thus administered in twenty-four hours without inconvenience. Dr. Barth has not exceeded this dose, nor has he experienced any trouble from the punctures in the way of serious irritation. —*Medical Abstract.*

Carbolic Acid in Hæmorrhoids.—Dr. H. Z. Gill (Medical Record, July 29, 1882), says: "There has been more than a dozen cases of piles treated by carbolic acid hypodermic injections. Many of them were of years' standing, and they now, even the worst, declare themselves entirely cured. The amount of acid injected was from five to ten minims, dependent upon the size of the tumor. The acid used was the crystallized, with just enough glycerine to hold it in solution. The operation was made slowly, and the needle slowly withdrawn. The course has been mild in most cases, and the results have been entirely satisfactory.—*Chicago Med. Review.*

Maltine as a Constructive.—Maltine in its different forms is the only malt preparation I now employ, being so palatable, digestible, and easily assimilated. Of its efficiency in appropriate cases there is no more doubt in my mind than there is of the curative power of quinine, cod-liver oil, the bromides and the iodides.

It deserves to stand in the front rank of constructives; and the constructives, by their preventive, corrective and curative power, are probably the most widely useful therapeutical agents that we possess. —By L. P. Yandell, M.D., *Louisville edical News.*

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NEW PUBLICATIONS.

NEW THERAPEUTIC AGENTS.*

This work is designed by the author to give prominence to the therapeutic action of drugs, and especially the new remedies. Its arrangement is such as to present therapeutics at a glance.

The various diseases are named alphabetically, and then follows a list of the remedies used in the treatment of each. When a well known remedy is named, no other reference is made to it, but when a new remedy is spoken of, its botanical details, physiological properties and therapeutical applications are briefly described, and in some instances the names of those recommending it are given. Many of the remedies here classed as new therapeutic agents have been in general use by Eclectic physicians for years, and yet their value is just beginning to be recognized by the other schools of medicine.

Of the one hundred and fifty remedies described, not more than two dozen are really new. All the others have been well known for twenty years or more. Their descriptions and therapeutic properties are minutely given by Prof. King, in the eighth edition of the American Dispensatory, (1871), and in the earlier editions of the same work. In fact every eclectic knows their value and looks upon them as old remedies.

The plan of the author is good, his descriptions are concise, and we hope that many who have ignored these remedies, because of eclectic origin, will now test their virtues and use them as they should have done years ago.

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*New Therapeutic Agents. By Willard H. Morse, M.D. Detroit: Geo. S. Davis, 1882.

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MENTAL PATHOLOGY AND THERAPEUTICS.*

This is the seventh volume of Wood's Library of Standard Medical Authors for 1882. The subjects of which it treats are important ones, and the author evidently understands what he has written about.

The work was first published in 1845, and since that time most writers on insanity, and its treatment, borrowed freely from its pages. Many additions have been, made in this edition, to the etiology, pathological anatomy, anatomy of the brain, and the complications and treatment of insanity. A new section on the general diagnosis of mental disease, and one on idiocy and cretinism have also been added.

In concluding his preface to the second edition the author says: "Several of the most recent writers on insanity have been so well pleased with the first edition of my book that they have assumed into their writings not only the ideas and doctrines, the arrangement and examples contained in it, but have even taken, without restraint, as their own, simple excerpts of whole sections. I quietly permitted this to occur, but now it would, of course, be disagreeable to me if any one were to think it was I who, in this edition, had borrowed from those authors. I would therefore beg of the reader, wherever doctrines, pages, and even chapters, occur similar, or nearly similar, to what they may shortly before have read in books or journals, simply to compare them with the first edition of this work which appeared in 1845."

There is much in this volume we would like to quote for the benefit of our readers, but our limited space prevents us. It will be much better if each practitioner reads the work carefully for himself; and we would suggest that special attention should be given to the chapters on the cause and mode of origin of mental diseases, and that on the treatment of insanity. Even those outside of the profession would find much in these chapters to interest them, that every one would be the better for knowing.

†Mental Pathology and Therapeutics. By Prof. W. Griesinger, M. D. Translated from the German by C. L. Robertson, M. D., and Jas. Rutherford, M. D. New York: William Wood & Co.

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THE ECLECTIC MAGAZINE.

The Eclectic Magazine comes to our table regularly every month. It is always filled with the choicest selections from the leading foreign periodicals, and no physician who is a lover of choice general literature should be without it.

The September number, which is now before us, contains an instalment of the story entitled, "The Lady Maud, by the author of "The Wreck of the Grosvenor." The other articles in the table of contents are as follows:

"Carlyle's Life and Reminiscences;" "Electric Light and Force," by the Right Honorable Viscount Bury; "French Prisons and Convict Establishments;" "A Deserted Garden;" "Wagner," the great musician; "A Tourist's Notes;" "Æsthetic Poetry: Dante Gabriel Rossetti," by Principal Sharp; "The Chinese: Their Manners and Customs;" "A Song for Women," by A. Matheson; "Personal Reminiscences of General Garibaldi," by his aid-de-camp; Alberto Mario; "From Fish to Reptile;" "Dr. John Brown;" "The Great African Mystery;" "Oriental Patriotism;" "Night;" Literary Notices and Art; Foreign Literary Notes; Science and Art; and Miscellany.

Published by E. R. Pelton, 25 Bond street, New York. Terms, $5 per year; single copy, 45 cents. Trial subscription for three months, $1.

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PAMPHLETS RECEIVED.

"*Amputation of Scrotum for Elephantiases*," by George A. Turner, M. D.

"*Plastic Splints in Surgery*," by Samuel N. Nelson, A. B., M. D.

"*Double Irrigation and Drainage Tubes*," by Henry O. Marcy, A. M., M. D.

"*Fourteenth Annual Report of the Inebriates Home*," *Fort Hamilton, N. Y.*, for 1881.

"*Letters and Facts Touching the Mental Condition of Chas. J. Guiteau since* 1865." Received through the kindness of Dr. Geo. M. Beard.

"*Wahnsinn, or Illusional Insanity*," by G. Hermann Merkel, M. D., Boston, Mass.

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The Medical Tribune.

VOL. IV OCTOBER, 1882. No. 10.

HELONIAS DIOICA.

HELONIAS DIOICA is now known to botanists as *chamælirium luteum*, but it has so long been called by its old name in the medical profession that it would be useless to attempt now to make a change. It is, unfortunately, often confounded with aletris farinosa by root gatherers and druggists. It belongs to the same natural order as veratrum viride *(melanthaceæ)*, while aletris is classed as a bloodwort, and may be distinguished from aletris by the flowers being much more thickly set upon the spike, and the leaves less sharply pointed.

Physiological Effects.—Helonias has recently been studied with considerable care. In doses of five grains, helonin, (the concentrated educt of this plant), produces emeto-catharsis with enteralgia, and accompanied by ptyalism. Under its continued use, the temper becomes irritable and censorious. The functions of the brain are performed tardily, with pain of a pulsative character in the vertex, and pressure, as from a band, across the temples. This pain is aggravated by looking steadfastly at any point, or by stooping, and is usually accompanied by vertigo. A similar oppressive pain is felt in the stomach; the mouth and throat are dry, the taste bitter, and the vomiting and purging are accompanied with burning in the lower part of the abdomen. The urine becomes albuminous, profuse, light colored, and is voided involuntarily. With this, there is sharp

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pain in the back, somewhat rheumatic in character, more troublesome after nightfall, and increased by motion.

Five to fifteen grains act as an emeto-carthartic, producing a griping, burning sensation in the epigastrium and great activity of the salivary glands. Indeed, I have known the most perfect salivation to follow the use of large doses of helonin. In doses of from one to five grains, it produces an irritability of the stomach and is slightly purging, with a burning sensation in the bowels, irritation of the urethra, pain in the kidneys, which is followed by albuminuria, indicating congestion, with large discharge of urine, of slightly increased specific gravity.—*Paine.*

Helonias is one of the few agents which will make an alkaline urine acid.

In males it produces an increase of sexual desire; and in females the breasts become swollen, the nipples tender, with intense itching of the labiæ and vagina, followed by persistent menorrhagia. It acts mainly through the ganglionic system upon the blood, uterus and glandular structures; upon the mucous membrane of the stomach and kidneys, and less noticeably upon that of the intestinal tract.

Therapeutics.—Helonias will be found useful in those diseases for which iron is so frequently prescribed. It is closely allied, therapeutically, to the phosphate of iron, while it resembles more distantly quinia and strychnia. Its remaining analogues are aletris farinosa, hydrastis canadensis, phosphoric acid, lilium tigrinum, and senecio aureus.

I. Helonias has a wonderfully restorative power upon the blood, enriching it by its influence upon the nutritive processes. Exactly why it should supersede phosphate of iron in this condition is not apparent; but it certainly does prove, in some instances, superior to this last named compound, and, like it, is often assisted in its therapeutic action by quinia and strychnia.

Like all other remedies that exert an influence on the blood making process, helonias does not seem equally beneficial in all forms of blood poverty. As will be seen later, the local action of helonias is upon the kidneys and uterus, and it would seem that when the anæmic condition arises from perversion of function in these centres, helonias is of specific value. Now, post-diphtheritic debility is one of these, and in this condition, although it is often profound, helonias is of signal benefit.

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T. M. L., aged fourteen, had had diphtheria seven weeks previously The attack while severe was not malignant and he made a reasonably quick convalescence, suffering only slight inconvenience from hoarseness (laryngeal paresis). The albuminous condition of the urine had however been from the first well-marked, running as high, at times, as fifteen per cent., and continuing after all other symptoms had disappeared. He remained also extremely debilitated, the condition tending downward, and especially the mental state becoming exceedingly dull and lethargic. He complained of no pain, but was very languid, morose, and could hardly be aroused to any interest in objects about him, and although he ate a fair quantity of food, assimilation was so poor that he lost steadily in weight. He received some powders, each containing the fiftieth of a grain of helonin, with instructions to take one every four hours. Under this medication in one week the urine became normal, he resumed his studies of his own volition, his mind was restored to its former brightness and activity, and he gained rapidly in weight. At the end of four weeks he was discharged cured.

Chlorosis is another condition to which it is thoroughly adaptable, as well as other anæmic conditions of like origin and significance. In the depressing condition of brain-anæmia induced by overdosing with bromide of potassium, helonias is perhaps, the best restorative.

Mr. M. C. H., aged forty-seven, had taken immense doses of the bromides, for insomnia caused by brain-fag and dyspepsia, until he was in a most deplorable condition. A profound depression of spirits, amounting almost to mania, affected him during all his waking hours. With this mental depression was almost complete loss of memory and the power of consecutive thought. If asked a question involving a mental process even slightly complex he would fail to answer; yet he could articulate distinctly any word he was asked to pronounce, showing the difficulty was cerebral and not local (amnesic aphasia). Digestion had been impaired for many months, and the anxiety connected with his business was undoubtedly the basis of all his trouble. He received

℞.—Ext. heloniatis dioicæ, fluid.. ..... ℥ i.
Syrup. aurant. cort. q. s., ad... ..... ℥ ii. M.

Sig.—A teaspoonful four times a day.

It was noticed in a few days that he was less depressed in mind and that he suffered less from acrid eructations. His sleep became

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quiet and natural, his appetite improved, and an eruption caused by the bromides quickly disappeared. Memory and the power of thought slowly returned, and in about two months he was fully restored to his former physical activity, and was able to resume business.

II. The gastric condition resembles that for which aletris has already been recommended. In atonic dyspepsia, which had its beginning in hyperstimulation, and is denoted by loss of appetite, sense of fullness after eating, borborygmi, cramps and lowness of spirits, especially when this gastric disorder is sympathetic to renal or uterine disease, helonias will be found a remedy of real power. It will arrest vomiting induced by the dropsy of Bright's disease.

Miss S. S., aged twenty-three, had suffered from menstrual irregularities for a considerable period. For the past three months she had been unable to digest even the simplest food without discomfort. Pepsin and strychnia had been given by another physician to whom she applied about a month ago, but with only slight and evanescent relief. I gave her helonin in the fiftieth of a grain doses, three times a day. Both her gastric condition and menstrual troubles were relieved permanently by this drug in about one month.

Although in toxic doses it will produce catharsis, I do not find that it has been much used in enteric conditions, probably because the special symptoms have not been recorded; but I incline to the opinion that in chronic diarrhœa of mush-like stools, occurring during renal or uterine disorders, helonias might prove curative. The bilious conditions which have been assigned to it do not seem to be well founded, nor does it have any perceptible action upon the spleen, although, as will be seen elsewhere, it is a powerful stimulant to the salivary glands, as well as to the ovaries, testicles, prostate, pancreas, mammary, inguinal and other glandular structures.

Helonin 1 x., in five grain doses every three hours, for three days, followed at bed time of the third day by half an ounce of castor-oil emulsion, is a potent vermicide. This should be followed by one grain doses for a week, to tone the stomach and bowels, and so prevent the re-formation of the slimy nidus in which the worms thrive.

III. Helonias is not unlike copaiba, turpentine and cantharides in its action upon the urinary apparatus. Its action here is analogous to its action upon the gastric region. When hyperstimulation has

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produced chronic irritation, and induced congestive albuminuria, this medicine, in two drop doses of the fluid extract hourly, will be found capable of repairing the mischief and restoring the apparatus to its normal action.

When a patient complains of pain and heaviness in the kidneys; when he says that those organs feel like two bags of hot water; when the urine is not only increased, but contains an excess of urea; when, in fact, we find, on examination, the presence of diabetic, albuminous or phosphatic urine, or when there is urinary irritation with impotence, helonias will prove its curative power.

The condition here described is one of venous paresis; hence the character of the excretion. When this form of renal hyperæmia gives occasion to the subjective symptoms before indicated, helonias will probably be the most effective medicine. In this condition, the urine is acid, pale, profuse; appetite is poor; sleep unrefreshing; he gets up two or three times of a night to urinate; suffers from palpitation upon slight exertion; is restless, low spirited, debilitated.

Mrs. K. R. T., aged thirty-six, had suffered from chronic albuminuria for years. She was greatly debilitated, so as to be utterly incapable of performing any household duties. The action of the heart was irregular, and the dyspnœa at times very distressing, but I did not think this was occasioned by any organic disorder, but arose from the poor condition of the blood. There was slight but persistent œdema of the lower extremities; and gastric irritation, sometimes inducing vomiting. Digestion was at all times slow, but fatty food was especially disagreeable, causing eructations, and its ingestion was occasionally followed by diarrhœa. The urine was profuse, sometimes involuntary, contained about seven per cent. of albumen, and considerable mucus; specific gravity 1020–27. There was pain across the lumbar region, with stiffness of the muscles, constant sensation of heat in the kidneys, and frequent urging to urinate. The menses were scanty, dark, and of a foul odor. The uterus was slightly congested, and there was a moderate leucorrhœal discharge from it, which irritated the vagina and vulva inducing intense pruritus. This state of things had existed without any material change for more than a year when she applied to me for treatment. I gave her helonin in fiftieth of a grain doses every three hours. She took these powders regularly for several months, gradually decreasing the frequency of the dose as her general condition improved. In about four weeks the albumen disappeared entirely from

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the urine, and she began to gain in strength and flesh. The catamenia became normal, the leucorrhœa ceased, she complained no longer of the dyspnœa, palpitations, and gastric irritability, and her whole appearance denoted the change from confirmed invalidism to robust health.

Through restoring tonicity to the parenchyma of the kidneys and the uropoëtic tubules, it exerts a powerful influence on all uroses, and, in dropsy, has proved a remedy of remarkable utility, especially when used intercurrently with asparagus, asclepias, ampelopsis or apocynum. The dose here is two grains of helonin, 1 x., every two hours; or a drachm of the fluid extract in two ounces of water, a teaspoonful every two hours.

IV. The chief use of helonias, however, is in uterine affections, and from its great power here it has received the appellation of "the uterine tonic." It possesses great curative virtue in all atonic states of this organ, from leucorrhœa menorrhagia, and prolapsus, up to habitual miscarriage and sterility.

In congestive amenorrhœa or menorrhagia, in prolapsus or retroversion from like origin, in abortion from too great afflux of blood to this organ, when occurring in plethoric, muscular, active women, helonias will be found effective. On the other hand, when, in persons of an anæmic or chlorotic diathesis, the same train of symptoms occur, from a debilitated and lax condition of the uterus and its appendages, helonias will prove just as effective.

Its remarkable power in thus reaching those diseases peculiar to women, from either cause, renders it an indispensable addition to our indigenous materia medica.

Mrs. M. H., aged twenty-eight, at each menstrual period lost an immense amount of blood, which caused great debility, from which she hardly recovered before the next period came on. Her complexion was earthy-looking, she suffered from dyspepsia, and her temper was morose. The swelling and painfulness of the breasts at each catamenial period led me to prescribe helonias, which she took for some weeks, which manifest advantage. The menses became normal, and all the concommitant symptoms disappeared.

In drop doses, every five minutes, it is one of our best agents in threatened abortion, especially when this is habitual, and recurs at one of the periods coincident with the previous menstrual flux: but

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it will also reach those cases which arise from emotional causes, or from erosions of the os or cervix.

The resemblance here is strongly like senecio and aletris. Caulophyllum, on the other hand, is beneficial where muscular irritation of the fundus causes the expulsive action. Cimicifuga stands midway between the two.

Sterility in one sex and impotence in the other is often permanently removed by helonias, five drops three times a day, especially, as is frequently the case, where there coexists an abnormal secretion of urine. Diminution of desire, without actual loss of reproductive power, is also within the domain of this drug.

Female patients often suffer intensely from pruritus vulvæ, and the external labia become puffed, hot, erythematous and burning. Helonias, ten drops in three ounces of water, a teaspoonful half hourly, will quickly cure this, and also aphthous inflammations of the vagina.

A noticeable feature in every case for which helonias will be found peculiarly adapted, is amelioration of all the symptoms when mind or body is engaged in active pursuits.

The headache disappears when the attention is engaged. The pains vanish when one is busied. The sense of profound debility is lost when exercising. When one turns from the book and goes into a half reverie, then comes the headache. When one sits purposeless, then comes the burning, aching pains. When one feels as if he could scarcely drag one foot after the other, he is astonished to find that the sense of rest is gotten, not by lying on the couch, but by walking.—*Jones.*

It is interesting and profitable to compare the mental symptoms of helonias and its analogues. The head symptoms of helonias and cimicifuga all press from within upward; of lilium, from within downward, as if the contents of the cranium would issue from the nose and ears: of senecio, from within outward, especially through the temples; of pulsatilla, from without inward, like a great wave invading the entire brain. Helonias differs from cimicifuga, in not reaching choreic symptoms; from lilium, in the desire for solitude (here resembling phosphoric acid, and the mental state arising from masturbation and sexual excess); from senecio and pulsatilla, in censoriousness and fault finding. Senecio has inability to fix the mind on any one topic

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except momentarily; pulsatilla, impossibility to study or converse, and weeping at trifles.

All these drugs agree in a state of continuous mental depression, or of unnatural exaltation alternating with depression.

George W. Winterburn, M. D..

360 West 23rd Street, New York City.

PROLAPSUS UTERI.

Of all the displacements to which the uterus is liable, that of simple prolapsus, is by far, the most common. It is not my design to describe the manifold causes which tend to produce prolapsus of the womb, but to refer briefly to some of the more prominent ones. It may be observed before referring to general causes, that prolapsus uteri seldom occurs with those of a vigorous constitution. It is necessary, then, that the system should first become reduced by some general cause, or causes, before the difficulty is likely to occur. As I do not propose to engage in a lengthy discussion of the subject, I will proceed to the statement of one cause, which in my judgement, tends more than any other to produce displacements of the womb.

In order that the health of the female should be preserved, it is necessary for her to menstruate at stated intervals, or within certain periods of time. Nature has made the provision that, as these periods approach, certain physiological changes should take place in the uterus and ovaries, and the advent of this catamenial show is characterized by a flow of blood to the uterus, thereby increasing the weight and dimensions of that organ. As the menstrual period declines, this hyperæmic condition diminishes, and the uterus assumes its usual passive state, until the next recurring period. Now, if from any cause, such as over-fatigue, exposure to cold, sudden shocks affecting the nervous system, strong mental emotion, or from previous constitutional causes, those engorgements should become protracted, the tendency to prolapsus may arise from the increased weight of the uterus.

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Suppose such a patient should have, in addition to the above pathological condition, a relaxed state of the vagina, resulting from child-birth, sedentary habits, constitutional debility, etc., the result is that the uterus descends lower into the cavity of the pelvis, and the tendency to prolapse will continue, until tonicity can be imparted to the uterus and vagina, and the system restored to its wonted vigor.

Another cause of prolapsus of the womb is from want of care, or management after child-birth. The natural tissues of the womb, (as we all know) enlarge very much in pregnancy, for the functional purposes of the organ during the period of gestation.

After the birth of the child, the excess of muscular tissue is removed by a purely physiological process. Changes take place in the tissues to be removed, whereby the fibrinous, albuminous, and glutinous materials undergo a species of fatty degeneration, to enable the absorbents to accomplish their work, which is usually performed within a period of from six to eight weeks.

During this period of change the natural processes may be interrupted from a variety of causes, such as cold, strong mental emotions, septicæmic influences in the blood, irregular secretions of milk, etc. These natural processes being arrested, we may have as a result, congestion, sub-acute inflammation, and finally sub-involution of the organ, either partial or complete, which may subsequently prove a fruitful source of prolapsus, or falling of the womb.

After the birth of the child, the uterine ligaments and vaginal muscle are left in a relaxed and weakened condition, and if the woman is imprudent in too soon assuming the upright position, before the womb has had a sufficient time to recover, it may, by its increased weight and the relaxed condition of the vaginal parts, descend to the floor of the pelvis and prevent the supporting parts below from recovering their wonted tonicity, and thus lay the foundation for future falling of the womb.

Then again (mostly from want of due care by the physician) a partial rupture of the perineum may take place, at the birth of the first child; and at each succeeding delivery the difficulty becomes greater until the parts become permanently relaxed. Under such circumstances—the normal tonicity of the vagina and sphincter muscle is gone—the womb, if at all enlarged, must necessarily descend deeper

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into the pelvis, dragging with it the bladder and causing all that train of unpleasant and painful symptoms which usually attend such conditions.

Treatment of Prolapsus Uteri.—It is difficult to lay down a special rule of treatment in uterine displacements. There may be special indications which suggest certain remedies, and yet the dose, or the amount of medicine which a patient may require, may differ greatly with individuals. The interval between the doses of a medicine, is also frequently of as much importance as the quantity administered. Physicians must be governed largely by circumstances. A clinical experience, extending over a period of years, is of much more importance than the theories of eminent professors without such experience. It is also of the greatest importance to distinguish between the medical and surgical indications for treatment.

While gynæcological surgery has done much for the relief and cure of various diseases of the womb, how frequently do such means fail, because the surgeon neglects to employ, in connection with his surgical treatment, remedies which are therapeutically indicated. As I have not space to discuss the surgical treatment for prolapsus uteri, such as the operation of perinæorrhaphy, elytrorrhaphy, etc., I will confine my remarks to the medical and mechanical treatment.

When falling of the womb is accompanied with protracted menstruation (menorrhagia) and there is a congested condition of the organ, I have usually employed ergot with marked advantage. I have found, from an experience of over thirty years, that this remedy tends to restore to their normal state the enlarged and congested capillary vessels of the womb.

I generally combine it with cinnamon as follows:

℞.—Fl. ext. secalis cornuti. (Squibb's) .....
Tinct. Cinnamomi aa. ..... ℥ ss. M.

Sig.—Quarter of a teaspoonful every three hours; but in mild cases three times a day.

If the patient complains of loss of appetite, and general debility the wild-cherry tonic—referred to in an article in Sept. number of Medical Tribune—will serve a good purpose. It should be continued for a sufficient length of time to restore the tone of the system.

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If intermittent or malarial symtoms should accompany the prolapsus, stop for a time all other treatment, and prescribe the following.

℞.—Pulv. ferri ferrocyanureti .....
Quiniæ sulph. aa. ..... .grs. xx. M.

Make into five capsules, and give one about every two hours.

If there should be great relaxation of the uterine ligaments, and vaginal muscle, accompanying the general debility, astringent tonics, which have a special affinity for the uterus, will be indicated. In all such cases the following tonic is beneficial:

℞.—Serpentariæ rad.....
Liriodendronis tulipiferæ cort. .....
Corni sericeæ cort .....
Polygoni punctati rad. .....
Helonias dioicæ aa. ..... ℥ viii.
Xanthoxylli frax. cort. .....
Zingiberis off. rad. aa. ..... ℥ i. M.

Make into a syrnp by the same process as that employed in preparing the wild-cherry tonic before alluded too, or if preferred, a wine bitters may be made by employing as a menstrum any good wine.

If constipation should accompany falling of the womb, it is of the utmost importance that it should be removed, as its presence will act as a factor in continuing the disease, and also in preventing other remedies from acting in the cure. I would recommend either the rhubarb and quinine mixture, or cascaria cordial (Parke, Davis & Co.). I have also found Hunyadi water to agree well with some patients. While it is necessary to remove constipation, no drastic purgatives for that purpose should ever be employed.

If there is evident torpidity of the liver, I would recommend the following pills:

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℞.—Pulv. rhei. opt. . . . . .
Pulv. aloes aa. . . . . grs. xx.
Chenoidin . . . . . grs. xv.
Podophyllin . . . . . grs. iss.
Ext. nucis vomicæ . . . . . grs. ii.
Ext. taraxaci . . . . . qs.
M. Ft. pilulæ No. xx.

Sig.—One at bed-time.

I have used these pills for many years, with very good results.

Pessaries.—Pessaries are at times very necessary, not only as a means to assist the cure of prolapsus uteri, but also for the comfort and convenience of those cases that are incurable. They are, however, a great "bug bear" to many persons both in and out of the profession. We hear all kinds of tales about pessaries, and I do not wonder, for, even in the profession, (I make this assertion with all due respect,) there is not one physician in fifty who has qualified himself by observation and practice, to adjust pessaries with any degree of mechanical or scientific skill. Vaginæ, in their mould and capacity, differ as greatly as the mouths and palatine arches of individuals, and to suitably fit and adjust pessaries so that they may give ease and comfort as well as support to the uterus, requires as much skill as that usually attained and practiced by dentists in their vocation. When pessaries are intended to assist in the cure of prolapsus uteri, they should be so adjusted as to support the womb in its natural place in the pelvis with as little distension of the vaginal walls as possible. As soon as the strength and natural tonicity of the system are restored, the pessary should be removed, and means employed to astringe and tone the vaginal mucous membrane and muscle.

It should be remembered that pessaries must be moulded and shaped to fit the patient. No one man's passaries will answer, no matter how nicely sized and graded they may be. My custom is to get ring pessaries or those that are sized, and then mould their shape to suit the vaginal capacity of my patient. A pessary may be too tight or too loose, too long or too short, too narrow or too wide, too much or too little curved.

The principle upon which pessaries give relief in prolapsus uteri, is by supporting the cul-de-sac of the vagina behind the os uteri, and lifting the womb into a proper position in the pelvis.

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It is not however in every case of prolapsus uteri, that they are required. Other local and constitutional means should as a rule be employed before resorting to the use of them. When these fail, a well adjusted pessary will in the majority of cases afford great relief. The majority of all those now in use for falling of the womb, afford relief upon one of the following principles.

1st. Those instruments which support the womb by resting upon the floor of the pelvis, and are held in position by the vaginal walls.

2nd. Those which depend for their support partly by their rest upon the floor of the pelvis, and the vaginal walls, but more especially on account of their breadth in front, which allows them to give support from the rami of the pubes, thus preventing them from slipping in case of relaxation of the vaginal walls, and sphincter vaginæ muscle.

3d. Those that are held in position by support from without.

Figure 1.

No. 1. instrument (See fig. 1.) gives support chiefly from the floor of the pelvis, and by aid of the support given by the vagina, and vaginal muscle. This instrument may serve in cases of the 1st and 2nd prolapsus, in which the vagina is not too greatly relaxed and in which there is not an old perineal rupture. Otherwise it will be carried down and out by the descent of the uterus, and cannot be relied upon as a means of support.

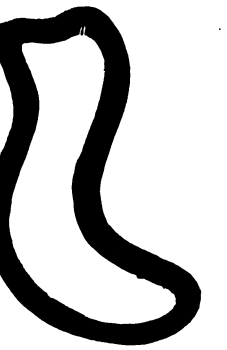

Figure 2.

Pessary No. 2. (See fig. 2.) is a bow pessary, and is a modification of the Hodges closed pessary. Its principal advantage as a support depends upon its breadth in front. While it elevates the uterus by pushing up the vagina and cul-de-sac behind the os uteri, it holds it in position by resting its front on the rami of the pubes.

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The special advantage of this pessary is, that it does not depend so much for its leverage or support upon the walls of the vagina as it does upon its rest against the rami of the pubes. If the instrument is of sufficient breadth in front, and properly fitted as regards the capacity of the vagina and pelvis, it will not, as a rule, slip, or alter its position. In case, however of entire procidentia, or prolapsus in the 3d degree in which there is an old perineal rupture, with complete relaxation of the vaginal muscle; cases in which the uterus protrudes and becomes external to the vulva, inverting the vagina, and dragging down with it, the bladder, even the No. 2. instrument may not be retained. In such cases instrument No. 3, will be found to answer admirably.

Instrument No. 3. (See fig. 3.) is a stem pessary of late invention, made by Otto & Sons, (Surgical Instrument Manufacturers, New York).

This pessary is an improvement upon all other stem pessaries. While it holds the womb in site, the same as McIntosh's, and other similar pessaries, it presents to the delicate texture of the womb and vagina a cushioned, air inflated, soft rubber ring, which is held in position by a cup shaped receiver, and supported from below by a stem fastened in a similar manner as other stem pessaries. The external elastic bands or attachments,—four in number—are light and are attached to a belt around the waist, and can be adjusted to suit the size of the patient. The diameter of the cup and ring may be ordered to suit the size of the pelvis, and the length of the stem to accord with the length of the vagina.

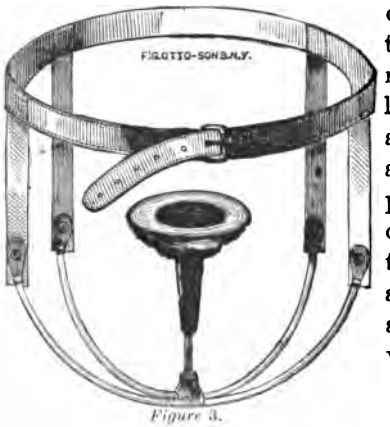

Figure 3.

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*MANGIFERA INDIA, OR MANGO.**

The value of Mango as a therapeutic agent has in my hands proved of so great efficiency that I look upon it as a duty to make known its usefulness to the medical profession. So many new remedies have been introduced within a few years, and so many virtues ascribed to them, that it becomes a delicate subject for a physician to laud a new remedy for fear that he may be classed as an empiricist. This, however, cannot be attributed to me when I tell you that I have no interest in the sale of the article further than the good it will do to suffering humanity, and the benefit the physician who prescribes it will derive. However, I take a certain amount of credit to myself for being the first to introduce it to the medical profession. An excellent description of the article is given in the Supplement to the American Dispensatory.

I have used this drug for upwards of ten years, and can assure you that it has never disappointed me in its action. I have experimented with it largely, and have found it an astringent of peculiar power. The bark contains tannin, but it differs from tannic acid in that it will not cause constipation of the bowels. It can be given during active inflammation without the slightest danger. It can be used with great advantage in cholera, typhoid fever, cholera infantum, diarrhœa, and all diseases with liquid discharges from the bowels. My first experiment with this bark was in uterine inflammation and in ulceration of the cervix, by painting the ulcerated surface with the fluid extract (full strength), and using a weak solution as an injection. I have thus been enabled to overcome the most obstinate diseases of this nature. In gynæcological therapeutics the Mangifera is a most valuable agent. It lessens catamenial pain, cures leucorrhæal discharge, diminishes profuse menstrual evacuation, and corrects menstrual disorders in general. In nasal catarrh a weak solution used with the spray atomizer, is by far the best agent I have ever used. As an internal remedy for hemorrhage of the uterus, bowels or lungs, and also in muco-purulent discharges from either, I know of no agent equal to it.

* Read before the National Eclectic Medical Association, at New Haven.

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In diphtheria this remedy has perhaps its lagest therapeutic value. I apply it in the form of the fluid extract (full strength) to the fauces with a camel's hair brush, and use a weak solution of it as a gargle. I can honestly assure the medical profession that it has never disappointed me. I do not wish it to be understood that this agent alone will cure all cases of diphtheria, but I do assert that I know of no remedial agent in the whole materia medica that will meet the requirements as well as the Mangifera Indica.

As an antiseptic agent, internally or externally employed, it will prove of great value, as it is decidedly opposed to decomposition.

Prof. Howe says: "I have found the Mangifera of marked service in the treatment of profuse and exhausting menstrual fluxes. In uterine hemorrhage following miscarriage, the agent exerts a powerfully restoring influence upon the hemorrhagic waste. In the sanguineous losses which often occur about the change of life, and when uterine tumors are developing, the Mangifera is the most potent and reliable medicine ever introduced to the notice of the medical profession. I prescribe the fluid extract in five-drop doses every three or four hours. In a short time the influence of the medicine is observed, and in a few days the desired effect is realized. No remedial agent of so great value for the purpose named has been introduced to the profession; it is as near specific for profuse menstruation and uterine hemorrhage as may be desired. I might report ten or twelve cases in which the medicine exerted just such an action as was wished."

Prof. Goss says of it: "I have tried the fluid extract of Mangifera Indica, and find it to be an astringent of superior power. There is a property in it not found in ordinary astringents. I had a case of chronic diarrhœa of long standing, attended with indigestion, debility and much pain in the umbilicus. I suspected ulceration, and gave the patient hydrastis and bismuth, but only with partial relief. About this time I secured the Mangifera Indica, put the patient upon it, and cured the diarrhœa. I have waited for several weeks, and find the effect so far permanent. I am much pleased with it, and predict that it will prove a valuable acquisition to our list of astringents."

It has the following advantages over other astringents: The dose is small, easily taken, has no disagreable taste, does not disagree with the stomach, hence it is well adapted to infants and persons with fastidious stomachs. It is rapid in its action, and more certain in its effects than most other remedies.

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For the benefit of humanity I introduce this remedial agent to the medical profession, hoping that my brethren will try and prove its value from their own standpoint.

M. F. LINQUIST, M. D.

New Haven, Conn.

EXPOSURE OF MEDICAL VACCINATION CERTIFICATES.

To the EDITOR of MEDICAL TRIBUNE:

SIR:—Considerable interest and anxiety have been aroused in the public mind lately by the exposure in the London press of a system which is all but universal amongst public vaccinators, of issuing false medical certificates in fatal cases of vaccination, in order to hide from the parental mind the dangers of the operation, which must intensify the agitation against compulsion to a large degree. A volume of similar testimonies to those already published might be collected without difficulty. I was dining with a medical man a short time ago, (a well-known member of the British Medical Association,) when the question of vaccination came up for discussion. I said Doctor, "How is it you relinquished the practice of vaccination?" To which the Doctor, who had been a public vaccinator many years promptly replied, "Because I killed so many!" It was not suggested, nor is it conceivable that inquests were held, or certificates of death by vaccination given. Indeed the cases rarely leak out at all—doctors *who continue the practice of vaccination* never tell when they kill, which would be a confession of manslaughter, and the pressure put upon them by their professional brethren to observe a discreet reticence, is well-nigh omnipotent. Nevertheless the truth occasionally escapes, as when Dr. Swanwick, a year ago, gave evidence that a death at West Hartlepool was "due to syphilis from inoculation," upon which the Editor of *The Lancet* for August 21st, 1881, says: "*It is much to be regretted that medical men should lend themselves to the purposes* of

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anti-vaccination agitato s." Indeed Jenner himself set an example which his followers have not been reluctant to follow, when he wrote, "I wish my professional brethren may be slow to publish fatal cases of small-pox after vaccination." Dr. Thomas Skinner, a physician of high standing, residing at Liverpool, states in the *Liverpool Post* that he vaccinated a charming girl aged fifteen, some years ago, with "lymph as pure as any." The blooming girl died eleven days afterwards—killed by the operation. Dr. Skinner brought the case before the Medical Institution of Liverpool. On hearing the facts, the members admitted that the death was entirely due to vaccination, but they expressed a wish that *the facts should not be revealed to the public*, and for some years the secret was kept. Dr. J. Garth Wilkinson, of London, a medical author not unknown to Americans, says that hundreds of cases are recorded of a similar character, "but the vaccinating doctors for the most part deny all connexion between vaccination and the death, and influence coroners' juries to pronounce death from some other cause. The difficulty is that the circumstantial witnesses of death are only mothers, fathers, and relations, and their testimony is of no weight in scientific scales."

An instance in point was incidentally disclosed to the writer of this letter a few days ago at Eastbourne, a town on the south coast. A respectable builder was summoned a few weeks since for non-vaccination, with fourteen other recalcitrants. He instructed his solicitor to plead, as a reasonable defence, the fact that he had already lost a child by vaccination, and could not conscientiously comply with the requirements of the law. The child, said the mother, "was the picture of health up to the day of vaccination, but the poor thing never looked up, so to speak afterwards." An ulcer broke out on the arm at the seat of insertion, as large as the bottom of a tea-cup and full of matter. When the Doctor called, the father told him the child was dying from the effects of vaccination, to which he made no reply, and three weeks after the rite was performed the child was dead. There had been no mention of any ailment except that caused by vaccination, but to the astonishment of the parents the public vaccinator certified the cause of death as *diphtheria*, which disease was non-existent either in the house or neighborhood.

Those who are curious to pursue this subject, are referred to an able article in the *Modern Review* for April, 1881, entitled "The Medical profession and its morality."

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It may be asked, whether, after all, it is not expecting too much of human nature to suppose that a public vaccinator will certify the primary cause of death in such cases, unless he means to relinquish his office and its emoluments. The State should abolish compulsion, and make medical men responsible for the consequences of vaccination.

It will interest some of your readers to know that a movement has been set on foot in France, by Dr. Charles Pigeon, of Fourchambault, with the object of directing public attention to the numerous fatalities attending vaccination, and to obtain from the French Chambers a law containing this important penal provision. This, it is believed would speedily bring the Jennerian system into disrepute. With responsibility attached, the risk of vaccination would be repudiated by the profession to save them from financial ruin.

WILLIAM TEBB.

London, Eng.

*MICROBES IN PATHOLOGY.**

LAST Saturday M. Chamberland, prosector for M. Pasteur in the normal school, gave a lecture at Sorbonne, on the character of microbes in pathology. We have been not a little surprised at this act, as the lecturer is neither a physician nor a pathologist, while a knowledge of the human organism cannot be acquired without serious study. While we grant to M. Pasteur the merit of having discovered some facts of great importance, allow us to ask if the theories which he has advanced on the character of microbes in disease, have not exercised upon medicine a most unwholesome influence. The assertion that all contagious diseases are caused by microbes is one which from its apparent simplicity easily satisfies those who do not investigate for themselves. The result is that many physicians are inclined to adopt

* Translated for MEDICAL TRIBUNE, from *Le Progress Medical*, of April 8th, 1882.

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this view, which we hold belongs to the middle ages. In reality this explanation is very ancient; it has been reproduced at certain periods and, after having reigned sometime, always ends by being repulsed.

Raspall is the last who, at the beginning of the century, popularized this theory in regard to itch. M. Pasteur has set up the new dogma that all contagious maladies are due to the introduction into the system of what he calls microbes.

What are these microbes? Microscopically they are of a nature which M. Pasteur does not fully understand. He has taken them at once for animals belonging to the infusoria, then he has created for them the name microbes, which is found to-day to be synonomous with the word virus, the term employed by pathologists for designating the agents which cause contagious diseases. It is said at present that these microbes are of vegetable origin.

The microbes of M. Pasteur have the advantage over the virus, that they can be seen by the microscope, but when one holds simply to facts, it is not perceived that in all the virulent diseases of man one finds these microbes to which M. Pasteur attributes the cause of all this group of maladies. Yet our means of microscopical investigation are to-day so perfect that it is doubtful if any improvement can be made. Now, neither in varioloid, in syphilis, or in cholera are these microbes found. M. Chamberland will say without doubt that this does not prove that they are not there; I answer that it is not proven that they are there.

The truth is that in advancing these theories, M. Pasteur has forgotten one factor absolutely essential however to the organism. It is not the microbes, supposing they exist, which are of the greatest importance in a virulent disease--it is the disease. But it is a subject which can be studied to advantage by a pathologist. A physician alone possesses the knowledge of this medium so variable, unstable, and can follow its changes according to laws, if clearly determined and examine intelligently its cause. Now neither MM. Pasteur, Chamberland, or Roux are physicians.

What is particularly interesting in this lecture of M. Chamberland is the perfect good faith and simplicity with which M. Pasteur has always created explanations, and the assurance with which he transforms pure hypotheses into veritable demonstrations.

Also the speaker in mentioning the vibrations visible to the eyes of the spectators said, "there are really eel-lik movements."

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What is to follow this classification of microbes into the movable and immovable? A general knowledge of the natural sciences and their classifications is necessary for understanding the character of these movements. What is there then in the following argument but a perfect logomachy: "One is not able to prove that spontaneous generation does not exist, because in science one cannot prove to the contrary." But in science the demonstration of a negation is the usual process of research and often more easy than the contrary process. Precision of words is always indicative of precision of ideas. Nothing could show better the general tendency of M. Pasteur than the equivocal term of the microbes which he has imagined. It has been known for a long time, owing to the studies of German microscopists that bacteria are nothing more than vegetable. M. Chamberland has forgotten to speak of this. It was an important part of his subject, but it was wise to pass over silently acquired facts, when they did not accord with the theories he advanced. Taking then for a base for operations a truth presented as demonstrated, and which has not been at all, is a violation of the most elementary rules of a good method. M. Pasteur asserts that animalculi are never found in running water, or in animal or vegetable tissues.

These assertions will convince no one because they are much too arbitrary. It is not disputed that the linings of certain cavities and particularly of the mouth, contain nearly all the varieties of microbes which are represented as so formidable. Ought one, then, to maintain that there is not very often in the coat of the cavities, openings for the invasion of these microbes, and that they have not opportunity to pass by the saliva into the blood. Why then are we not poisoned at every instant with these microbes? Because there are conditions in which the system is found, which hold. aside from their dependance, the possibility or impossibility of development of these microbes. If there are microbes in varioloid, can one doubt that with the attendants there is introduction of microbes into the system. All nevertheless, do not contract this disease, which proves, as I said at the commencement, that M. Pasteur appears to have misunderstood this important side of the subject, and that, because he is not a pathologist.

The truth is, that in these questions, one moves absolutely in the dark, and if there is any progress realized, it does not come in the line of medicine.

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Physicians do not imagine, therefore, that the question of contagious diseases is settled and that there is much to study in these microbes. These interpretations of M. Pasteur are pure hypotheses. It is not proven at all, that diphtheria, varioloid, cholera, and typhoid fever are determined by the supposed microscopic germs in the human system. It is also probable that they are causes of changes yet unknown in the compositions of the fluids of the system, and in the changes of certain cellular elements. Nevertheless the conjectures which one is able to make on this subject, are numerous, and we will examine them in a subsequent article.

Dr. Jousset de Bellesme.

Paris, France.

A NOTE ON "THOUGHT-READING."

An article on this subject in the "Nineteenth Century" for June contains conclusions so inadequately supported by trustworthy facts that a few words of comment seem to be called for. The matter in question has attained a somewhat undue prominence of late; but if it is as simple and intelligible as it appears to be to most who have investigated it with care, and with minds free from mystical bias, any aid toward the extinction of what must then be regarded as an *ignis fatuus* of pseudo-science carries with it its own justification.

The position of the writer of the article seems to be that it is possible for one person to divine the thoughts of another in the absence of any *known* means of communication. This inference is based mainly on a series of statements of cases where several children of a certain family, as well as a servant-girl in the same family, were professedly able to tell words and objects thought of in their absence, without contact with or sign from those who knew what they were required to do.

It may be taken as proved that the explanation of *muscular indication* amply covers all cases where, as in the well-known drawing-room game of "Willing," there is actual contact between the person who

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guides and the person guided. It is difficult, indeed, for the guider, who is intent on the success of the experiment, to avoid giving hints by pressure, alteration of speed, and otherwise, to the guided one, who is, as a rule, only too ready to quickly interpret them. The same explanation would apply to cases where the person who is "willed" to find something hidden during his or her absence is in no contact with any of the "willing" party, but who often succeeds in discovering the desired object by studying the unconscious indications given by the faces of the expectant circle. All this is, in fact, nearly admitted by the writers we quote, though their denial of Mr. Stuart Cumberland's own explanation of his performances in this line is perhaps as unwarrantable as the "further inquiry" that they suggest.

The remarks in this paper will, therefore, be confined to the alleged results obtained where there was no actual contact. It will be at once admitted with the writers of the article that common sense demands that every known mode of explanation of facts should be exhausted before the possibility of an unknown mode is considered. This is an all-important admission, obvious as it seems to be. It is required by the method of common sense, which is no less the method of science; all true explanation consisting in a procedure from the known to the unkown.

In the next place, it is equally obvious that in all scientific inquiries the good faith of individuals concerned should form no part of the data on which the conclusion is to rest. A person merits credence in proportion as the facts he alleges can be demonstrated or reproduced, and to the jealous care he shows in avoiding fallacy. But we can never, as our authors say, call on Science to put deception out of court by a belief in any one's integrity. Half of the evidence which has propped up the spiritualistic craze is based on the results obtained through mediums of "unblemished character" in private families, whose virtuous reputation has been largely sustained by the fact that they did not take money for their trouble; no regard being paid to innumerable other motives and tendencies to deception.

This being admitted, the cases before us in the paper alluded to can be easily dealt with. They differ in no way from the ordinary platform performances of the little "clairvoyantes" who from time to time have amused us both in the name of Second-Sight and in that of the humbler and honester one of Conjuring. It is well-known that a very simple code of signals will suffice to produce results much

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more startling than those we are discussing. The first word or letter, for instance, of the question asked of the "sensitive" medium may denote the category to which the object fixed upon belongs. The second and third, and so on, serve to specialize it further, and by a series of questions and remarks it is easy to understand that any amount of information may be conveyed. When the clairvoyante is not blindfolded, other means of communication, of course, are possible, and in any case auditory signs other than words could be agreed upon quite unsuspected by the audience to be amused or deceived.

We have, therefore, an intelligible and admmitted explanation which fully serves to cover all the facts in question. Such things are constantly done by collusion—it is a *vera causa.* It would be illogical to substitute for this a perfectly gratuitous hypothesis and an unknown agency. This is especially true in the case of such a set of phenomena as we are now considering. The possibility of thought-reading, as alleged by the writers of the paper, is so far beyond, or rather contrary to, universal experience that some use might fairly be made of the *a priori* argument, although the case need in no way rest on such a method. It may be said in passing that there is an enormous *prima facie* objection to the truth of the proposition that such divination is possible: the assumption and conviction of the contrary, based on immemorial experience, being, as it were, one of the suppressed major premises of all social intercourse.

On this argument, however, we would not depend unduly. The case against the genuineness of the asserted phenomena seems strong enough without it.

The children in question were *not* blindfolded.

In most of the experiments *there is no mention made of silence being preserved.* On the contrary, we may infer that no such rule was made; as the children must have been corrected when their guesses were wrong, as they often were.

On the hypothesis of collusion, it must further be noted that, in order to minimize the difficulty of the code of signals, and simplify the performance as much as possible, the child was previously informed of the nature of the object selected—*e. g.*, whether it was a card or a name. The first guess, then, would give an opportunity for the conveyance of perhaps even the final hint contained in the correction offered.

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The mistake made by the *servant* in guessing the name "Enry" for "Emily" is obviously significant, and an excellent example of an "undesigned coincidence." Surely it must lead almost every plain mind to the irresistible conclusion that a mistaken whisper or facial gesture played some part in the phenomenon. This remark applies as well to the errors made by the children in the case of words alike in *sound*.

The theory of collusion is, moreover, strongly countenanced by the fact of the mediums being children, who are always ready to join in any game of deception; and by the association with them of the servant-girl—a valuable fact, putting out of court the assumption of any inherited special quality peculiar to the family, as an explanation, possibly plausible to some minds, of the alleged marvels.

It will probably, however, be readily allowed, with the authors of the article, that the experiments made in the presence of the members of the family are scientifically untrustworthy. They may, therefore, be practically ignored. Yet we infer from the paper that most of the experiments were made under these conditions; and we read that the presence of the father "seemed decidedly to increase the percentage of successes.

The authors, indeed, say, "Though generally the object selected was shown to the members of the family present in the room, we were sometimes entirely alone." From the only rational point of view, that of scientific skepticism, and therefore with total disregard of the personal factor, this consideration seems in no way to invalidate the line of comment here taken. It is not clear to how many of the three observers the pronoun "we" in the above passage refers: but, at any rate, we miss entirely in the paper any specific quotation of results obtained in this latter set of circumstances.

But, even if this evidence had been forthcoming, no more *ipse dixit* on such a matter could for one moment be admitted. Reason would require us to entertain the probability of mental bias in some at least of the observers, or to discredit the accuracy of their memory, rather than to allow that anything has been adduced in this account of what, to say the least, must be called superficially conducted experiments, to warrant a recognition of any novelty, or, by consequence, to stand in need of explanation by a theory of "brain-waves."—By Horatio Donkin, in *Nineteenth Century*.

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IODOFORM TREATMENT OF WOUNDS.

In the Augusta Hospital, at Berlin, for some past, a ten per cent. solution of iodoform in collodium has been used for the purpose of closing antiseptically small recent wounds which neither required nor admitted of the application of a compress-dressing. The wound is first cleaned and disinfected, any bleeding stopped, and the necessary sutures applied, and then the surfaces are painted with the iodoform solution till a strong and perfectly protective covering is formed.

This treatment we employ in the case of wounds healing by first intention, as well as in recently sutured large wounds to which, either on account of their position or as the result of operation, a compressing antiseptic bandage cannot be applied, *e.g.*, after incision of the sub-maxilla, or of small tumors, atheromatous cysts, or lipomata in the region of the anus, female genitals. or eye. The stitches remain in for eight or ten days, at the end of which period primary union is found to be complete. I have also had good success with this solution in the treatment of tracheotomy wounds during diphtheria. Instead of using the pad of carbolized oil lint which was formerly placed over such wounds, we now paint the raw surfaces (after hæmorrhage has been arrested) with the iodoform-collodium. The application is repeated daily after the old crust has been first removed. The wound thus treated is merely covered with a small dry pad to keep off the pressure of the canula.

This treatment has been employed in twenty-five cases altogether (twenty-two diphtheritic) without the wound in any one case becoming phlegmonous, whilst under the old employment one out of every five cases would become so involved.

In conclusion, I may add a few remarks on iodoform treatment in general. Since Prof. Kuster commenced the general employment of iodoform in the Augusta Hospital three months ago, the results obtained have been very different from the successes so copiously announced from all sides. Not only have we observed toxhæmic symptoms even after its employment in minute doses; not only have several cases of cerebral complication with typhous symptoms

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occurred; but erysipelas and phlegmonous inflammation have appeared in rapid sequence—accidents which, under Lister's treatment, have been of the greatest rarity with us. Thus, among certain mammary amputations, where iodoform was applied under a typical Lister's dressing, three cases of erysipelas occurred, and one of these ended fatally. Suppuration also followed its use in cases of herniotomy and amputation of the upper arm, etc.

Thus iodoform seems to afford but a slight protection against erysipelas, and even when applied in the finest powder to sutured wounds, which should heal by first intention, it seems to act as a foreign body and to lead to retention of secretion or aseptic suppuration.

At all events, these accidents have induced us to return to the Listerian treatment, under which, during the past year, we obtained such speedy and satisfactory results. Perhaps these remarks may call forth a clearer definition of the cases in which we should choose iodoform, and of those in which we should rely upon the earlier form of treatment.—Dr. Theodore Gorges, in *Cant. f. Chirg.—Edinburgh Medical Journal.*

VARIETY AND DIFFERENTIAL DIAGNOSIS OF VENEREAL SORES.

As the result of recent research in this country and abroad, and from individual observation, it would appear that two distinct classes of venereal sores exist—namely, first, those that are accompanied with and followed by constitutional symptoms; and secondly, those that are not. The former have been designated hard or specific, and the latter soft or non-specific. It is, I think, a pity that these terms should have gained such universal acceptation, as they are not only partly erroneous, but liable to lead the inexperienced into much difficulty, and not unfrequently into errors of diagnosis and prognosis. It would be preferable (in the absence of less misleading names) to use the simple and intelligible terms, syphilitic

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and non-syphilitic, according as the local lesion with its accompanying symptoms presents the characters of a sore from which the constitution will become affected with syphilis or otherwise. As to the duality of the poison, we meet with many eminent surgeons who distinctly affirm that there is but one venereal poison capable of producing venereal sores, and that all such sores are syphilitic. That the constitution does escape contamination in certain cases, is ascribed to the early treatment and administration of mercury, etc.

There was a time when the physician drew no line of demarcation between typhus and typhoid fever, but at the present day there are few who will doubt that the one is as distinct from the other as variola is from varicella. Nor do we now believe that the poison of typhus can produce typhoid, or that of variola varicella. Each is perfectly distinct, has its own period of incubation, its own peculiar symptoms, and individual specific poison. By an analogous mode of reasoning, drawn from the result of practical observation and inquiry, we are, I think, rationally bound to admit that two distinct classes of venereal sores exist, that each has its own peculiar period of incubation, its own symptoms, and its own specific poison. Is the poison, we may ask, which produces a syphilitic sore and infects the system with syphilis capable of microscopic examination or chemical analysis, and if so, does any perceptible organic difference exist between it and the peculiar specific poison which can only produce a mere local ulcer or ulcers, and which as such are never followed by constitutional symptoms? No solution to the above problem has as yet been satisfactorily determined.

In describing the local lesion or primary syphilitic sore which is always followed by constitutional symptoms, I have usually seen the following three varieties:

1st. *A sore or sores characterized by induration or hardness from the beginning and throughout its entire course.* This first variety may appear as (*a*) a "cupped-shape" cartilagious cavity of variable size, and situated on an indurated base, or (*b*) it may be seen as a superficial excoriation or elevated elliptical nodule of an ash-gray, or livid color, and generally situated on the corona glandis. Sometimes this first variety appears as (*c*) an induration beneath the true skin.

2nd. The second variety *(soft in its early stage, but subsequently becoming indurated)* is seen as a sore or sores which in their early

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stage stimulate the non-syphilitic ulcer or ulcers, but subsequently become indurated and followed by constitutional symptoms. It is exceedingly difficult to diagnose this second variety in its early stage, as I believe it is invariably complicated by the existence of non-syphilitic sores, one or more of which after a variable time may assume the characters of the true syphilitic ulcer or ulcers. The question may arise as to how this peculiar change in the non-syphili tic ulcer takes place, and an explanation be called for. I believe it is due to the existence of a double poison manifesting itself in the one individual, and contracted either at the same time (as we know that both classes of venereal sore may exist in the same person) or at different intervals. The period of incubation of non-syphilitic sores being much shorter than that of the syphilitic, they first appear, and whilst being treated the incubative stage of the true syphilitic sore is accomplished, and the lesion becomes manifest. The last case which came under observation of this second variety of syphilitic sore is worthy of record, as it clearly illustrates the difficulty that attends our early diagnosis.

A corporal in the 4th Dragoon Guards was admitted to hospital under my care suffering form what appeared to be two ordinary non-syphilitic ulcers, situated on the upper surface of the glans immediately in front of the corona. The ulcers were shallow, and had all the characters of the so-called "soft sores." After three weeks from admission to hospital both ulcers became elevated and livid, and presented the appearance of "cupped-shaped" cartilaginous cavities situated on indurated bases; subsequently unmistakable secondary symptoms followed.

3. The third variety of syphilitic sore—namely, *that which is soft from the beginning and throughout its entire course, but followed at a given period by secondary symptoms*—I have usually seen on the external integument situate l on the dorsum or side of the penis. When this sore comes under our observation it is generally of two or three days' duration, is circular in form, about the size of a six-pence, edges irregular and sharp, surface presenting a finely granular appearance of a yellow-pink colour, and having a thin ichorous discharge. There is no induration accompanying this sore, either in its early stage or after it has healed, and it is invariably followed by constitutiona symptoms. Again, it is our lot to see a sore situated probably o

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the side of the corona and glans, which rapidly spreads in circumference and depth; the edges seemingly raised, the surface deep and irregular, of a dark or livid color, and discharging a thin watery fluid. I have been unable to detect any induration about this sore, and have seen it followed by severe secondary symptoms.

Having described and attempted a classification of those ulers and lesions which I have seen followed by constitutional symptoms, I shall endeavor, under the head of Class II., to point out the non-syphilitic sores, which, as such, are never followed by secondary symptoms.

1st. A sore or sores, having a great tendency to multiply. often numbering as many as twenty, and generally situated in the hollow between the glans and the prepuce, on the corona glandis, prepuce, frænum, glans, in the meatus, urethra, or on the external skin. These ulcers are first noticed from twenty-four to forty-eight hours after coitus; in some cases, however, they may not appear until the fourth or fifth day. There is generally a good deal of heat and itching about the parts, the ulcers, as a rule, being round or elliptical in shape, and of variable size, very shallow, edges sharp, surface yellowish-pink color, discharging pus, and surrounded by a narrow red areola. There is no induration from the beginning or throughout the entire course of these ulcers, unless, as sometimes happens, induration occurs as the result of certain local applications.

2. A sloughing sore which may begin as such, or appear so shortly after the ordinary sores are discovered.

3. Gangrenous ulceration or sloughing phagedæna is, fortunately, of rare occurrence; when it does take place the greater portion of the organ may be destroyed. It would appear that an elongated prepuce predisposes to this formidable affection, the upper portion of which first becomes affected. It is, I think, well to give a very guarded prognosis in all cases of sloughing and phagedæmic sores. The ordinary non-syphilitic ulcers must not be confounded with herpes or aphthæ of the glands and prepuce. or with what sometimes occurs, a ruptured frænum, the result of mechanical violence. These, as a rule, occur after connexion, have no specific characters, and are unaccompanied by glandular or complications.

The following table, giving the differential diagnosis between syphilitic and non-syphilitic ulcers, may be useful in helping to form an early and correct opinion of venereal sores.

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Syphilitic Ulcers or Lesions.

1. Incubation ten days to eight weeks.

2. Collateral symptoms: Probable congestion of soft palate and tonsils, slight induration of lympathic glands in groin, drowsiness, headache, and depression of spirits.

3. Primary lesion or lesions assume some of the varieties described under Class I.

4. Thin ichorous discharge.

5. Generally single.

6. Glands in groin enlarge, but seldom suppurate.

7. Fever present after a short time.

8. Ratio to non-syphilitic ulcers 1:4.

9. Constitutional symptoms invariably follow.

10. Can only have one attack, unless, as in certain rare cases of small-pox, the system, after the lapse of many years, becomes liable to a second seizure.

11. Prognosis unfavorable; must be guarded, and given in accordance with the severity or otherwise of the secondary symptoms.

Non-Syphilitic Ulcers.

1. Incubation twenty-four hours to five days.

2. Collateral symptoms: Probable enlargement and swelling of one lymphatic gland in groin.

3. Ulcer or ulcers assume the characters described under Class II.

4. Discharge always pus.

5. Seldom seen as a single ulcer, and have great tendency to multiply.

6. An isolated gland becomes swollen, and frequently suppurates.

7. Fever absent, unless due to suppuration.

8. Ratio to syphilitic ulcers 4:1.

9. Constitutional symptoms never follow.

10. May suffer repeatedly from such sores.

11. Prognosis (as to the liability of the system becoming affected) always favorable.—J. Carter Battersby, M.D., in *The Lancet.*

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CARBONATE OF AMMONIA AS A REMEDY FOR FIBRINOGENOUS EXUDATIONS.

The value of carbonate of ammonia as a stimulant in both pleuritis and pneumonitis has been well understood for many years by the profession. Its value, however, as a preventive and absorbent of the fibrinogenous exudation, has not been so clearly recognized.

Bartholow in his "Practice of Medicine," page 237, says, when treating of pericarditis, "there can be no question, at the present time, respecting the influence of the ammonia salts in lessening the coagulability of the fibrinogenous substances." Again, under the head of "Pleuritis," page 316, he remarks, "the only agents which possess the property of dissolving the exudation, are the alkalies, and the most efficient of them is ammonia." Further on, page 349, when discussing the treatment of catarrhal pneumonitis, he affirms that, "the agents most useful to diminish the viscidity and favor the excretion of the exudation, are the preparations of ammonia."

These suggestions have led me to make a freer use of the ammonia for the last year and a half than before, and to keep my patients under its influence for a longer period; so long, indeed, as there remained indications of the existence of any fibrinogenous exudation. And after careful observation of its action in many cases of pleuritis and pneumonitis, I have great confidence, that it has valuable therapeutic properties in the condition under consideration. Combining it with the acetate of potassa, or iodide of ammonium may sometimes enhance its value—as Bartholow hints.

That the carbonate of ammonia has some value in promoting the absorption of the fluid effusions of pleuritis, I am also very certain.

During the last winter in two cases, one of pleuritis, and the other pneumonitis, I prescribed carbonate of ammonia in three grain doses, to which was added six drops of fluid extract of jaborandi, given every two hours, with very happy effect.

In no other way have I found so good results from the jaborandi in removing effusions as when given in small and frequent doses combined with from three to five grains of carbonate of ammonia.—C. E. Miles, M.D., in *Mass. Eclectic Medical Journal.*

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The Mirror.

There are three classes of men: the retrograde, the stationary, the progressive.—LAVATER.

THE NEW YORK OBSTETRICAL SOCIETY.

THE proceedings of the New York Obstetrical Society afford interesting reading matter for those concerned in the advance of gynecology. It would appear that most of the members care more for being able to report operations than they do for the success of their treatment; and the way they deal with many of the patients in our hospitals is an outrage on humanity and should not be tolerated.

In the September number of the *New York Medical Journal*, we find reports of cases that are anything but creditable to the profession. Dr. N. A. Pallen reports an operation of laparotomy in which an error in diagnosis was made on the start. The case was supposed to be a fibro-cystic tumor of the uterus, while in reality the womb was not involved. Before the operation, one of the assistants had diagnosed the presence of emphysema in the left lung and preternatural smallness of the heart, both of which had escaped recognition on the part of the chief surgeon. Though Dr. Pallen thought it necessary during the operation to touch the bleeding points with Paquelin's cautery, he

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omitted to do so because his assistants thought it unnecessary; and hemorrhage subsequently occurred from which it is claimed the patient died. From the statement made by Dr. Pallen it was evident that proper care was not manifested either before or during the operation. When emphysema of one of the lungs was present, to say nothing about the condition of the heart, no judicious surgeon would attempt to perform such an operation, and it is a well established rule in all cases of abdominal surgery that the greatest care should be taken to guard against hemorrhage. If Dr. Pallen thought that there was the slightest possibility of hemorrhage occurring, he should have taken the precaution to prevent it, in spite of the opinion of his assistants. These precautions would have done no harm and might have saved the life of the patient. But what is the life of a woman in a hospital, to men who are anxious to perform brilliant operations.

In the face of such errors of judgment as these, Dr. Pallen is the man who is to occupy the Chair of Gynecology in the New York Post Graduate Medical School. If such cases as this are to be taken as an indication of his surgical knowledge, what superior advantages will physicians receive from his instructions!

In the discussion that followed Dr. Pallen's report, Dr. W. R. Gillette mentioned a case of a paralytic patient who had been in one of the wards of Charity hospital for over a year. He said that in this case the sound passed through the uterus for several inches, and that the patient was subjected to repeated introductions of the instrument to demonstrate the fact. Before concluding he said that such an examination had been made by the assistants and members of the visiting board of the hospital not less than one hundred times.

Now, we would ask, in the name of humanity, is such treatment of a poor paralytic patient justified under the circumstances. True the patient was a pauper, and the physicians belonged to the "regular" school, and with many that is sufficient justification; but what would be said if so-called "irregulars" had been guilty of such practice?

These are but illustrations of the methods adopted in the treatment of poor unfortunates, who are compelled to submit to the treatment in vogue in many of our public institutions, and so long as physicians have no regard for the feelings or sufferings of the unfortunate, we may expect to see a repetition of those practices which should bring a blush to the cheek of every humane man in the profession.

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STATE ECLECTIC MEDICAL SOCIETY.

The twenty-second annual meeting of the Eclectic Medical Society, of the State of New York, will be held at room 24, Cooper Union, New York City, on Wednesday and Thursday, October 18th and 19th, 1882.

It is hoped that all members and delegates will be on hand promptly on the morning of the first day, as business of general interest will occupy the attention of the society.

Auxiliary societies should send there reports to the Secretary, before the meeting, and thus secure representation. All communications should be addressed to Dr. J. E. Danelson, Box 388, Buffalo, N. Y.

THE IGNORANCE OF PHYSICIANS.

The *Chicago Medical Review* of September 15th, 1882, makes a point of an error in diagnosis made by an "irregular" practitioner of New Albany, Ind. The case referred to was diagnosed as laryngeal cancer, but was found by the mother of the child to be a beard of wheat eight inches long. We admit that such errors are not excusable, and yet there is a possibility of such a foreign body being lodged in the pharynx and so covered with mucous secretions as to deceive an inexperienced physician as to its real character. But we ask, are "irregular" physicians the only ones that make such mistakes? We have reason to affirm the contrary.

A few weeks ago, we were called to see a man who was dying from extensive peritonitis and enteritis said to be the result of strangulated hernia of five days standing. We saw that the patient was dying, but, at the earnest request of his friends we agreed to examine the hernia, and were much surprised at the entire absence of inflammation of the protruding part. On examination, we found an impacted hernia, instead of a strangulated one, which we succeeded in reducing in about three minutes. On inquiry, we learned that the patient had

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been treated by "regular" physicians, one of whom is a professor in a "regular" Medical College. After making several unsuccessful attempts to reduce the hernia they began the administration of enemas, croton oil, etc., but for what purpose we cannot say. The treatment resulted in a general peritonitis and enteritis from which the patient died.

This error in diagnosis and the treatment adopted by the medical Solons who claim to possess all the knowledge can certainly find no justification, and in the face of such bungling which is not uncommon, common decency would suggest that the least said of the ignorance of "irregular" practitioners, by such men as these, the better.

THE EVILS OF VACCINATION.

For over half a century, the medical press has reiterated the opinion of the profession that no evils could result from vaccination. In fact this claim has gone so far, that the majority have asserted that even lymph taken from syphilitic patients could communicate nothing but vaccenia. Those opposed to vaccination have for years been pointing out the evils that have resulted from the use of impure vaccine, and have been denounced as ignoramuses and fanatics by the profession. Now that the truth of their claims can no longer be denied, the *Philadelphia Medical Times*, the *New York Medical Record* and the *Chicago Medical Review* are beginning to admit the facts, and we have no doubt before long they will claim to be the first to have presented them to the profession.

Speaking of this subject, the *Chicago Medical Review* says: "The wholesale use of putrid or even impure virus has caused so many deep phagedenic ulcers, so many terribly sore arms with symptoms of blood poisoning, that the profession must needs give attention to it." Now that this much is admited, we have reason to hope that the time is not far distant when they will go still further and acknowledge vaccinnation to be a moldy fallacy that was born of the ignorance and superstitions of a past age.

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MISCELLANY.

THE EFFECT OF IPECACUANHA ON THE UTERUS DURING LABOR.—A recent writer in the *Medical Record* says that about two years ago his attention was drawn to an article written by a southern physician, in which it was affirmed that ipecac increased the expulsive power of the uterus if administered in cases of tedious labor, so he determined to give it a trial. Some time later he was called to a case of confinement. It was a woman with her third child. She had had sharp pains for nearly four hours. He found her in a very nervous state, greatly excited, and apprehending some calamity. On examination *per vaginam* the os was found hard, rigid, and undilated, with difficulty admitting the finger, and just at the internal edge a constricting ring utterly devoid of elasticity. Her pains continued, but were very irregular; and after a period of two hours, no visible alteration in the rigid os was noticeable. A five grain of powder of ipecac was then administered, and repeated twice at intervals of about twenty minutes. To the authors surprise the patient soon became quieter, and ceased her cries of pain, which before were sufficiently loud to be heard distinctly in any part of the house. On making another examination the os was found softened and dilating rapidly under the pains, which were now regular and strong, and labor was soon completed without difficulty. In several other cases where the pains were irregular and the os rigid and undilatable it has since been used by the observer, and with benefit. He does not think that it increases the muscular power of the uterus, but it seems, however, to have a specific effect on the rigid os uteri, softening and relaxing its fibre, as well as a co-ordinating influence on the irregularly contracting uterine muscles, causing them to act in harmony. The author goes on to say that opium and ergot are the only oxytocics of value which we have at our command; but many serious accidents have followed the injudicious use of the latter, and its effects are often far from what we desire.

Hence, the discovery of any remedy which will alleviate the sufferings which the parturient female has to undergo during protracted labor and hasten its favorable termination, will be heartily welcomed.

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Treatment of Gonorrhœa by Injections of Sulphurus Acid Diluted with Water.—For some time I have treated all cases of gonorrhœa with injections of sulphurous acid diluted with water, and as the results in my hands have been very satisfactory, I write in the hope that others may be induced to give this method a trial.

I do not offer any theory on the subject, I simply state the fact that I have now treated sixteen cases of gonorrhea, using no other medicine, and they all returned to duty in an average of six days. The majority of the cases were second attacks, but those suffering from primary attacks of the disease recovered equally fast.

When I commenced this method of treatment I used much stronger injections than I do at present. I find sulphurous acid one part to fifteen of water quite strong enough for most cases. The rules of treatment I recommend are: place the patient on low diet, and administer injections of sulphurous acid diluted in water one part to fifteen, three times a day, no other treatment being necessary. I find it is necessary for the attendent to give the injections, for if it is done by the patient it is never well done, most of the fluid escaping back outside the nozzle of the syringe. The injection should be kept in the urethra from three to five minutes. If the patient complains of much pain, or if there is a tendency to chordee it will then be sufficient to administer the injections once or twice in twenty-four hours.

If these instructions are strictly followed the purulent discharge will also disappear in a couple of days. While the watery discharge lasts I usually administer only one injection daily. I find that the first injection frequently causes pain, which is not so much complained of afterwards. I, therefore, in a few cases give the first injection very much diluted—one in twenty, afterwards using one in fifteen. It is necessary to see that the sulphurous acid is fresh and good before it is diluted to the required strength.—W. D. Wilson, in *London Lancet.*

Phosphorous in Intercostal Neuralgia.—Dr. Chas. D. F. Phillips *(Materia Medica and Therapeutics,* 1882*)* has been using phosphorous in this affection for over twenty years, and has notes of fifty-six cases in which the pain quickly subsided under this treatment, and did not so far as he knows, subsequently return. In some instances it succeeded where arsenic failed. The dose was 1-100 to 1-50 gr. thrice

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daily, doses which are sufficient to secure its full therapeutic effect. The same author also speaks highly of its action in phthisis, having employed it with marked success in over 800 cases. Although it will not cure phthisis it will in many cases arrest its progress, at all events, for a time. It improves the condition of the throat and voice, relieves the dry, harassing cough, and arrests the colliquative diarrhœa and night-sweating. Its use is not altogether free from danger, as when there is a tendency to hemorrhage it may induce hæmoptysis.—*London Med. Record.*

The Removal of Nasal Polypi.—Dr. Morrell Mackenzie discusses the various operative methods of removing nasal polypi, and states that the mode of treatment he generally adopts is to remove the polypi with his punch-forceps and then to apply the electric cautery to the base of the growths. The method will generally succeed in effecting a rapid cure, but when recurrence repeatedly takes place, if the growth spring from one of the turbinated bones, he removes a portion of the bone from which the polypus originates by means of a special instrument which he has devised for the purpose. It consists of fine hollow forceps having toothed edges on one side and smooth edges on the other, whilst between the two a sharp cutting blade can be rammed down. The portion of the turbinated bone required to be removed is seized by the forceps, the smooth blade being on the outer side. The knife is then pushed home and the portion of the bone easily removed. He wishes it to be understood, however, that though he considers the removal of a portion of one of the turbinated bones perfectly harmless, he regards it as an operation rarely required.—*Columbus Med. Journal*

Excess of Fat.—Dr. George Johnson's diet for excess of fat. The patient *may eat:* Lean mutton and beef, veal, lamb, sweet-bread, soups, not thickened, beef tea and broths, poultry, game, fish, cheese, eggs, bread *in moderation*, greens, spinach, watercress, lettuce, asparagus, celery, radishes, French beans, green peas, Brussels sprouts, cabbage, cauliflower, onions, brocoli, seakale, pickles, jellies, flavored but not sweetened, and fresh fruit in moderation without sugar or cream.

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May not eat: Fat bacon and ham, fat of meat, butter, cream sugars, potatoes, carrots, parsnips, beetroot, rice, arrowroot, sago, tapioco, macaroni, vermicelli; semolina, custard, pastry and puddings of all kinds, sweet cakes.

May drink: Tea, coffee, cocoa from nibs, with milk, but without cream or sugar, dry wines of any kind, in moderation, brandy, whisky or gin, in moderation without sugar, light bitter beer, Apollinaris water, soda water, seltzer water.

May not drink: Milk, except sparingly, porter and stout, sweet ales, sweet wines. As a rule, alcoholic liquors should be taken sparingly and never without food.—*Columbus Med. Journal.*

Hypodermic Administration of Carbolic Acid for the Cure of Ulcers, Poisonous Bites, Hæmorrhoids, Carbuncles and Tumors.—Dr. N. B. Kennedy read a paper on the above subject recently, before the Texas Medical Association in which he strongly advocates the use of carbolic acid *hypodermically* in the diseases mentioned, and cites several successful cases, from which the following are short abstracts:

Case I. Mrs. McC., suffering from large hæmorrhoids: five drops of undiluted carbolic acid was injected into the centre of the tumor. Pain was momentary. Four injections effected a complete cure.

Case II. J. D. R., suffering from carbuncles in back of neck, had not slept for five days and nights. Five drops of carbolic acid was injected into each of the carbuncles with the happiest results. *Rest* immediately followed, from which he *awoke refreshed.* A complete cure followed in three weeks.

Case III. Was called to see a boy ten years old who had been bitten by a rattlesnake in the dorsum of the foot. The foot and leg were livid and much swollen. I immediately injected five drops of the acid as near the bite as possible. Relief from pain was immediate. Swelling rapidly disappeared and recovery followed.

Case IV. J. F. L., farmer, had a painful tumor on the back of his neck. I found a fibro-cellular tumor about the size of a small egg and injected about twenty drops of undiluted acid in the centre of the tumor, which in this case suppurated, but in ten days had entirely disappeared and left no cicatrix.

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I have applied a fifty per cent. solution of carbolic acid to an ulcerated os with good result, also in cases of felons, as a local anæsthetic, undiluted, preparatory to incision.

Iodide of Potassium in Frontal Headache.—The London *Medical Times and Gazette* says: Dr. Haley states, in the *Australian Medical Journal* for August, that for some time past he has found minimum doses of iodide of potassium of great service in frontal headache. A heavy, dull headache, situated over the brow, and accompanied by languor, chilliness, and a feeling of general discomfort, with distaste for food. which sometimes approaches to nausea, can be completely removed by a two-grain dose dissolved in half a wineglassful of water and this quietly sipped, the whole quantity being taken in about ten minutes. In many cases the effect of these small doses has been simply wonderful. A person who, a quarter of an hour before, was feeling most miserable and refused all food, wishing only for quietness, would now take a good meal and resume his wonted cheerfulness. The rapidity with which the iodide acts in these cases constitues its great advantage.

The morbid condition here described is so very common, that we would invite the experience of any gentleman who may see fit to give this remedy a trial.

Local Application of Salicylate of Soda in Acute Rheumatism.—In the *British Medical Journal* of January 7, 1882, page 11, Dr. Charles Orton alludes "to a severe case of polyarthritis acuta in a young lady, aged 19, where joint after joint became red, swollen, and exquisitely painful and tender." He tried "many local applications, besides internal remedies, without giving much relief," until he "applied lint soaked in a solution of salicylate of soda, under a cover of oil silk, to the affected joints. The relief was speedy and great." He has since tried it in a few cases in private practice with success, and is now using it more extensively, in cases under his care, in the North Staffordshire Infirmary.—*Canada Med. and Surg. Journal.*

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Radical Cure of Varicocele.—Dr. Angelo Negretto records (*Gaz. Med. Ital. Prov. Venete*) two cases of varicocele, in which he succeeded in obtaining a speedy and permanent cure by intravenous injections of chloral hydrate. In the first case the patients age was 28; the varicocele was situated in the left side, turgid and painful. Dr. Negretto injected with a Pravaz's syringe, in four different places, a solution of chloral-hydrate, of seven grains to an ounce. At once a small hard knot could be felt in the lumen of the vein. Within a few hours a mild attack of orchitis supervened, which yielded readily to ordinary remedies. The injection was repeated in one or two other spots with the same result of a gain inducing orchitis, which, however, was of the mildest possible type. Six days later all visible traces, both of the operation and the varicocele, had disappeared. Along the course of the spermatic vein a few hard, small, and indolent nuclei could be felt, which corresponded to the seat of the punctures. The author remarks that in this case the obliteration of a few branches of the spermatic vein had evidently been sufficient to effect a cure. The second case occurred in an individual aged 23, in whom varicocele had existed six years. Five injections were used, with the result of producing a clot in the vein, followed by slight orchitis, with severe pains radiating from the spermatic cord over the pelvis generally. A week after the last operation the cure was complete; and as the patient never returned, the author believes it was permanent.—*London Med. Record.*

Treatment of Chorea.—In the August number of the *New York Medical Journal and Obstetrical Review*, Dr. A. D. Rockwell publishes a case of post paralytic chorea cured by the application of ether spray to the spine, the internal administration of conium, and central galvanization. The cure was effected in ten weeks, although the case was severe and of a year's duration. He does not place much reliance upon the ether spray in the treatment of chorea; cases seem to do as well without it as with it. He has obtained better results with conium than with any other drug, especially in the chronic form of the disease. He begins with five drop doses of the fluid extract three times daily, adding a drop each day till he reaches twenty or twenty-five drops. He believes much good may be obtained from the judicious use of electricity; failure usually results from its incomplete application

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or lack of persistence in the treatment. Local applications do not, as a rule, command success to chorea; general faradization and central galvanization, carried out with care and precision, are essential.—*Canada Medical Record.*

Corbolic Acid in Blood Poisoning.—The French Surgeon, Declat, has recently been making some noise about his discovery of the value of hypodermic injections of carbolic acid in blood poisoning. He extends its value to scarlet fever, small-pox, typhoid fever, etc., and declares that the potent little syringe enables us to "laugh at" these diseases. This is the extravagance of enthusiasm. There is some value in the method, but a limited one. Nor was Declat its originator. Four years ago Dr. N. B. Kennedy, of Texas, used and wrote upon the advantages of these injections, and in April, 1881, he read a paper before the Texas Medical Association, in which he claimed priority of all others in its employment.—*Med. Surg. Reporter.*

Snake-Poison Treated Successfully with Liquor Potassæ.—Retired Deputy Surgeon-General John Shortt, of the Madras Army, having had considerable experience in treating snake-bites, and after some experiments with snake-poison, declares that liquor potassæ is the antidote to snake-poisoning, and reports several cases in which it was used successfully. This is combined with brandy, and local treatment by scarification and ligature is not neglected. Alkaline baths are used in severe cases.—*The Lancet.*

Coffee in Typhoid Fever.—Dr. Guillasse, of the French Navy, reports that, in the early stages of the disease, coffee is almost a specific against typhoid fever.

He gives to adults two or three tablespoonfuls of strong black coffee every two hours, alternating with one or two teaspoonfuls of claret or Burgundy wine. The beneficial effect is immediate. A little lemonade or citrate of magnesia should be given daily, and after a while quinine.—*Scien. Amer. Sup.*

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NEW PUBLICATIONS.

THE RECTUM AND ANUS.*

A careful perusal of this volume has satisfied us that the author has rendered a valuable service to the profession in condensing into so small a compass all that is really valuable in connection with the pathology and treatment of the Diseases of the Rectum and Anus. Much has been written on these subjects and it is no easy task to glean from the various works the information essential for a proper understanding of them. The perusal of this volume will save the general practitioner a great deal of unnecessary reading, while its numerous references will enable those who desire it, to make a special study of the subject with comparatively little labor.

The author has rendered operations on fistula-in-ano very simple by the introduction of his fistula knife. It consists of an ordinary curved bistoury, to the point of which a flexible probe is welded and made to blend gradually with the cutting edge. The probe is readily introduced into the external fistulous opening, carried through the internal opening and out of the anus, in the same way as an ordinary probe. When this is done it is only necessary to push the instrument along and the cutting edge readily divides the tissues and thus completes the operation, while no other knife, grooved director or scissors, is necessary for the purpose.

In the treatment of hemorrhoids, the author admits the value of injections of carbolic acid, but gives preference to treatment by ligature and the clamp. Each method is described and the author truthfully states that where a radical cure is to be effected, it can be performed by one or the other of these means, and consequently does not discuss methods of operation that are not practicable.

This volume is the Eighth of Wood's Library of Standard Medical Authors, for 1882, and comprises a valuable addition to those already published.

*Diseases of the Rectum and Anus. By Charles B. Kelsey, M.D. New York: William Wood & Co., 1882.

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REFERENCE AND DOSE BOOK.*

The student or practitioner who is already familiar with Materia Medica and Therapeutics, will find this little book a convenient and valuable reference on many of the subjects that are difficult to remember. The latest remedies known to the profession and their pharmaceutical preparations are mentioned, and the maximum and minimum doses given. A full list of incompatibles alphabetically arranged, also gives valuable information to the young practitioner. Following this we find sections on "Poisons and their Antidotes," "Tests for Urinary Deposits," an "Obstetrical Department," and a list of "Medico-Biographical Names with their correct pronunciations. Under the title "Short Stops," considerable valuable information is given on a variety of subjects, which may often prove advantageous to the physician who has not reviewed the text-books or had sufficient experience to compel him to put his knowledge into practice.

ANTIDOTES FOR POISONS.†

This is without exception the smallest medical book we have seen, yet it is one of the most valuable. It gives a brief and reliable statement of what to do in almost all cases of poisoning we are likely to meet with, and everything is so plainly stated that even the non-professional reader would have no difficulty in following out the directions.

What the author calls the antidote bag is provided with the various instruments and antidotes requisite for immediate use in cases of poisoning, while under the head of emetics, the full emetic doses required are stated in a line. It contains much information that the

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*The Multum in Parvo Reference and Dose Book. By Henri Leonard, A.M., M.D. Detroit: The Illustrated Medical Journal Co., 1882. Price in cloth, 75 cents.

†What to do in Cases of Poisoning. By William Murrell, M.D., M.R.C.P. Detroit. Mich: Geo. H. Davis, 1882. Price, One Dollar.

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busy practitioner cannot always remember, and the size of the volume is such that it can be carried in the vest pocket without inconvenience. Although the price ($1.00) is high for the size of the book, no physician should be without a copy.

STRICTURE OF THE URETHRA.*

This pamphlet is a reprint from *The Medical Record*, of August 12th and 19th, 1882, and contains a statement of the results of ten years experience with Electrolysis, in the treatment of Stricture of the Urethra.

The subject is ably handled and from the number of cases reported, and the positive manner in which the author writes, we have no doubt that many may be induced to try Electrolysis in the treatment of these cases, which so often prove obstinate.

STRICTURE OF THE RECTUM.†

This pamphlet is a reprint from the *New England Medical Monthly*, and it contains reports of cases of Stricture of the Rectum, Treated by Electrolysis. The author has evidently given considerable attention to the subject, and from the results he reports his treatment is more successful than any other. This and the pamphlet just mentioned above, should be carefully studied by those interested in the use of electricity.

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*The Treatment of Stricture of the Urethra by Electrolysis. By Robert Newman, M.D. New York: Trow's Printing and Book-binding Co., 1882.

†Stricture of the Rectum, Treated by Electrolysis. By Robert Newman, M.D.

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The Medical Tribune.

VOL. IV NOVEMBER, 1882. No. 11.

*DISEASES OF THE OS AND CERVIX UTERI.**

THE diseases of the os and cervix uteri are so numerous that it is impossible to give them but a passing notice in this paper. Indeed there are a number of diseases to which we shall be unable to refer at all. One reason why these tissues are more subject to diseases of an inflammatory nature than the fundus, or body of the womb, is because of their anatomical character. While the cervix uteri is of the same ultimate structure as the body of the womb, it differs in that it is more largely supplied with blood-vessels, has a greater amount of cellular tissue, the mucous follicles are more numerous, and the mucous membrane more exposed.

In the various morbid states to which the womb is liable, the amount of pain and suffering a patient may seem to endure, does not at all times indicate the extent of her disease. In many instances even when she has had areolar hyperplasia for a considerable time, or, when there has existed granular or follicular ulcerations of the os and cervix uteri, or when she may have been the subject of extensive hypertrophy or induration of the womb, she may make very little complaint, and be enabled to attend to her domestic duties. While in other instances, from apparently slight morbid conditions, she may suffer exceedingly.

This fact will also apply to prolapsus uteri. With some women the slightest displacement will produce a variety of painful and

*Read before the Brooklyn Academy of Medicine, October 2nd, 1882.

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harassing symptoms, while others may not be seriously discommoded when the womb has prolapsed so as to rest on the floor of the pelvis, or even protruded through the external orifice of the vaginal canal, everting the vagina and dislocating the bladder.

The normal condition of the womb in its passive state is of low vitality, and free from all conscious sensations; but during the period of menstruation as before remarked, the whole uterine organs become sensitive and vascular. It is during this period that the womb is liable either from cold, excitement, or from constitutional causes, to have this exaltation morbidly increased, or prolonged, until what has heretofore been a physiological state, becomes a pathological condition.

Much has been said and written upon both the etiology and pathology of diseases of the os and cervix uteri. So conflicting are the views advanced by authors upon the subject, that the student is almost certain to be misled, if he attaches implicit faith to any one of them.

Some authors diagnose any granular degeneracy of the os and cervix uteri as ulcerations; others classify all follicular and granular diseases under the appellation of catarrhal affections; others consider them under the general term of cervical endo-metritis; while still others attribute them to the vice of nutrition.

Then again their modes of treatment differ as widely as their diagnosis. Some treat them exclusively with local appliances, and others attach very little importance to local means, but depend almost wholly upon constitutional treatment. Some attribute the local condition to constitutional causes, while others believe that the local conditions produce the constitutional disturbance. Some declare that cervical inflammation, with all its varied complications, is the result in almost every case of displacement of the uterus; others as strongly affirm that cervical inflammation and ulceration, are the primary cause of displacements.

Local diseases of the os and cervix uteri, as also of the fundus, or body of the womb, depend upon such a variety of causes, that it would be impossible in my limited space, to refer to but a few of them.

Among the many causes which tend to produce the above diseases I will enumerate the following:

Idiopathic, hereditary, or constitutional debility; impure air, and

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want of exercise; improprieties of dress; imprudence after parturition; prevention of conception and induction of abortion; exposure and cold during monthly period.

To these may be added syphilitic and scrofulous taints, and exanthematous diseases.

While true ulceration of the uterus, properly speaking, is a disease of rare occurrence, still the name is adopted by some gynæcologists, more for convenience than as a distinctive term. When real ulcers do occur upon the womb, they are mostly syphilitic, or cancerous in their nature.

The granular and honey-combed condition of the os and cervix uteri we so often find, is no doubt the result of inflammatory processes. The primary causes of the inflammations are varied, some of which I have already alluded to. Whatever the cause may be, when the inflammation has resulted in an abrasion of the mucous surface, the papillary or villous tissue will become involved, as will also the deep seated submucous tissue; and subacute inflammatory processes will continue until controlled either by constitutional treatment or local appliances.

Those cases in which the above conditions exist, and also eversion of the cervical mucous membrane, with or without hypertrophy of the uterine lips, are generally those in which the os uteri has been ruptured during labor, which occurs to a much greater extent than is generally supposed by physicians.

This last class of cases is not so amenable to ordinary treatment and may require surgical measures. The operation for the cure consists of paring the edges of the cervical fissure, and passing deep sutures of silver wire so as to approximate them thoroughly.

TREATMENT.

Probably the most difficult part of the whole subject is to suggest proper treatment. Certainly no routine course can be relied on. As I have stated, in suggesting treatment for fibroid tumors, and for prolapsus of the womb, the physician must be governed by circumstances, and direct his treatment in harmony with the special requirements of the case. If the patient is debilitated, or the nutritive functions are impaired, it would be folly to expect an inflamed,

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granulated, or ulcerated womb to heal by simply making topical applications. We must take into consideration all the facts of the case. If the patient is leading a lazy sedentary life, she must have air and exercise; if she is unable to take exercise, or if her case is such that it is not judicious that she should, she must have massage applied by one duly skilled in the art; if her diet has not been of the proper kind it must be regulated; if in her practices she has violated natures laws, they must be corrected; if she has been imprudent in dress, or in exposure to sudden changes of temperature from heated halls and ball-rooms to cooler atmospheres, she must be prudent; if her blood is vicious, or impure, she must have alteratives; if she is debilitated, she must have tonics; if she is habitually constipated, her bowels must be regulated; if she has displacement of the womb, which is acting as a factor to continue the disease of the os and cervix uteri, that displacement must be corrected. In fine, it is folly for the physician to expect to be successful in curing diseases of the womb, unless he is a man of good judgment and his patient will fully follow his directions. In any case he must apply himself assiduously in divining what his patient requires either as a local appliance, or constitutional remedy.

TONIC TREATMENT.

The term "Tonic," like "Malaria" has got to be a "hackneyed" expression with physicians. It may answer for convenience but for practical purposes it requires qualifying.

If the patient is debilitated certainly she does require tonics. If there is anæmia, chalybeate tonics are indicated. It is common with physicians to recommend their patients to take "Beef, Iron and Wine." I must admit that I am not partial to the combination; the amount of beef is very small, and the wine unless taken after meals will rather retard than assist digestion, besides the quality of the wine is not always to be relied on.

I have found tincture of Iron and Quinine to be a good tonic. Dialyzed Iron may be beneficial if used with care, but should always be given on an empty stomach. Citrate of Iron and Quinine is also a good tonic. Pyrophosphate of Iron, or Calisaya Bark, or Iron and Strychnia may be of benefit in some cases.

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If your patient is in an anæmic condition with a faint weak heart, and perhaps with a peculiar heart bruit, which frequently accompanies anæmia, she will do well with eight or ten drops of the pure tincture of Digitalis three times each day, (made from fresh imported leaves). The tincture of Chloride of Iron should be used in alternation with the digitalis in twelve to eighteen drop doses three times each day.

VEGETABLE TONICS.

Vegetable tonics are at times very beneficial. Usually a number of articles are used in combination. I do not like the plan, yet I must admit that I have witnessed good results from such mixtures.

The following tonic was recommended to me by Dr. D. E. Smith, of Brooklyn. He has used it in his practice for 20 years. I frequently use it when my object is to stimulate the stomach and quicken digestion. When there is slow digestion from deficiency of *gastric juice*, it is a good plan to combine pepsine with the remedy. Fifteen grains may be added to each dose.

The following makes a good Bitters, Aromatic and Tonic.

℞.—Liriodendroni tulipiferæ cort.....lb. ii.
Hydrastis canadensis rad. .....
Zigiberis Officinalis rad. .....
Xanthoxyli fraxinei cort. aa. .....lb. i.
Eugeniæ caryophyllatæ .....ʒ x.
Chelonis glabræ.....ʒ xii.
Capsici.....ʒ iv.

Grind and moisten with a menstrum composed of one part ninety-five per cent. alcohol to three parts water—pack in a percolator and cover. Let it remain three days, then run off one gallon and set it aside. Add more of the menstrum and run off two gallons and five pints additional. Filter this through coarse muslin on seven pounds of sugar and when dissolved add the gallon first set aside, having previously filtered it through muslin.

Dose.—A desertspoonful three times a day after meals.

The wild cherry tonic, the formula of which is published in the article on Fibroid Tumors, is a good tonic. I use it for general purposes more than any other.

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In those cases in which there is functional derangement of the ovaries, or in which the monthly periods are irregular or defective, I usually give the mixture, the formula of which is given in the article cn Prolapsus Uteri.

LOCAL APPLICATIONS.

Local applications are often times necessary for diseases of the os and cervix uteri. I am satisfied, however, that in many cases women are not only needlessly interfered with by frequent applications (especially strong caustics) but are seriously harmed in very many instances. If proper means are employed to invigorate and restore the system to its wonted tone, very simple means will frequently be all that is necessary in the way of topical treatment.

If the tissues of the os and cervix uteri are vascular and turgid, and the parts are irritated, and especially if the mucous membrane of the vagina is inflamed and sensative, the following topical application will give great relief:

℞.—Acid. Tannici..... ℥ ii.
Glycerinæ..... ℥ i. M.

Dissolve the tannin in the glycerine by gentle heat.

Place a pledget of cotton well saturated with the mixture posteriorly to the os uteri, filling loosely the cul-de-sac; place another pledegt also well saturated anteriorly to the os; then pack loosely enough dry cotton behind the dressings to hold them in position.

This will secure you a good depletion of thc parts. The first day of the application you may expect a copious thin discharge. On the second day the parts will become dry and astringed, and if you attempt to remove the cotton by digital means you will find it difficult to accomplish and will cause some pain. On the third day, however, you will find the whole of the parts moist and relaxed, the mucous membrane secreting kindly and the inflammation very much relieved; very frequently the cotton will be carried off with the flow of mucus, if not, it can be readily removed. Soothing vaginal washes should follow the application.

The following is good:

℞.—Sodæ boracis. . . . . ℥ ii.
Tr. Opii. . . . . ℥ i.
Acid. carbolici. . . . . ℥ i. or ii.
Aquæ. . . . . Oii. M.

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The liquid should be comfortably warm and used thoroughly.

In using a syringe with a long nozzle, such as Davidson's, you must be careful to instruct the patient so that she may not carry it into the relaxed and open mouth of the uterus, otherwise the interior of the womb may be injected, in which case serious results may follow:

The following is a good wash when the parts are irritable.

℞.—Potassæ chloratis. . . . . .
Acidi boracici aa . . . . . ℥ ii.
Aquæ. . . . . Oii. M.

If a mild and gentle astringent wash is desired, the following will be found soothing and good.

℞.—Hydrastis canadensis rad. . . . . .
Hamamelis virginicæ fol. aa. . . . . ℥ ss.
Aquæ ferventis. . . . . Oiii. M.

Let it stand on the back of the stove for one hour Strain.—Use once or twice each day. If you wish to increase the astringency add a little *quequcus alba* or a small portion of alum.

DIGITAL EXAMINATION, OR VAGINAL AND RECTAL TOUCH.

Of this I shall have very little to say, although it is more important than any other means at our command, in arriving at a correct diagnosis. The knowledge to be gained by digital examination cannot be communicated in writing, it must be acquired by practice; and yet this knowledge is necessary for success in practice. By it combined with abdominal palpation, we gain a knowledge of the size of the womb, its shape and sensitiveness, its mobility and density its relation to contiguous parts, and its condition either in health or disease.

By it we ascertain whether there is retro-flexion or ante-flexion of the womb; whether the os and cervix are velvety, soft, and patulous, or whether they are hard and indurated. By it we gain a knowledge of the vagina, whether contracted and irritable, flabby or relaxed.

SPECULA AND THEIR USES.

Next to digital examination, with conjoined manipulation, the speculum is the most reliable means of ascertaining the true character of diseases of the womb, especially of the os and cervix.

Not only as a means of diagnosis is the speculum valuable, but especially is it so in the therapeutical application of remedies.

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Through it, with the uterine sound, we have the most reliable means at our command, of ascertaining the true condition of the cavity of the uterus and its probable state of health or disease.

The cylinder speculum will answer for some purposes very well, but is not good in those cases in which the os looks well back, or the uterus is anteverted. There are various modifications of the Nott's speculum some of which answer very well for general purposes. For those cases in which the physician has no assistant, Thomas' modification of Sim's speculum will answer a very good purpose.

The physician will require sometime to familiarize himself with the varieties of specula before he can use them to advantage.

While I frequently use Nott's speculum, and also Thomas' modification of Sim's, I very much prefer Sim's speculum, and always use it when I can have a good assistant. In this I am very much favored. My wife, Mrs. Dr. E. Firth, being a graduate for many years, with an extensive practice, especially in diseases peculiar to women, I have her, not only for an assistant, but also as my advised, and counselor; and when I get mixed, or "stuck" as the saying is, I invariably call on her, and am seldom disappointed in her good judgment and advice. To use an old phrase, she helps me to "run the machine." Sometimes indeed she runs the machine too much, for she runs off with my patients.

She being a member of this Academy, I appeal to you gentlemen, if this last act of hers, to which I refer, is not a violation of our code of ethics?

Before closing this paper I will make a few further remarks in reference to local applications to the os and cervix uteri, also to the cavity of the womb and the vagina, through the speculum.

The first point to be determined by the physician, after a careful examination, is, what remedy or plan of treatment is indicated. If he finds the parts inflamed he certainly desires to avail himself of the best plan of treatment to reduce the inflammation. The question for him to settle is, which is likely to afford the greatest amount of benefit, emollient applications by irrigation of warm water, or local applications through the speculum.

If he cannot settle the question to his satisfaction, he may resort to either of the plans first. An os and cervix uteri that has been diseased for a long time may require a test of several plans of treatment before a cure is accomplished.

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Irrigation of warm water, or water that has been medicated may be successfully accomplished by placing a bed-pan under the patient, and throwing (with a syringe) a steady jet or stream against the cervix uteri, care being taken not to inject the interior of the womb; this should be continued for about fifteen minutes.

In making applications through the speculum, the remedies should be mild and soothing, especially if the inflammation is confined to the mucous membrane. I have found a weak solution of *argenti nitras*, (from five to ten grains to the ounce of water) to work satisfactorily in many cases. If the solution is too strong you may be disappointed in the result. It may be applied to the parts with a soft pencil brush. The remedy seems to act as a stimulant and alterative to the parts and the result is in time very satisfactory.

Fluid Ext. Hydrastis Can. combined with glycerine is also very good. If an astringent is desired, the Hydrastis, and Aqueous Ext. of Pinus Canadensis may be combined with advantage, or a solution of Sulphate of Zinc and Fluid Ext. Belladonna.

In the more aggravated cases, in which you have not only simple abrasion of the mucous surface, but also granular degeneration of the deeper tissues, with hypertrophy of the villi, your treatment may require to be more positive. It is best however even in aggravated cases to resort to mild means first, and wait for constitutional effects of remedies. Should your case, however, not improve, and especially if you have "cock's comb" granulations which look angry and bleed easily, you will find good results from more potential drugs. I have frequently used the Chloride of Zinc paste for the above condition of the parts.

The paste should be made sufficiently stiff not to run and abrade the surrounding tissue. It should be spread upon a soft piece of linen just large enough to barely cover the diseased surface. Cotton must be packed around the plaster so as to protect the healthy parts. The plaster should remain in contact with the diseased surface from two to three hours, the patient remaining perfectly quiet. When the plaster is removed, sponge the parts with clean water, and apply lint dressing. Some inflammation and suppuration will follow the application, after which the parts will heal kindly.

The solid stick of the Nitrate of Silver will sometimes change the character of these morbid granulations and cause the parts to heal. It should not be frequently employed. Some have recommended

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that the diseased surface be touched with Bromic Acid, or Bichromate of Potassa in saturated solution; others too use the saturated solution of Sulphate of Zinc, of these I cannot speak from experience. My usual plan is to employ mild local means first, and if these fail I resort to more potential remedies.

It is common to find cervical diseases of the uterus complicated with corporeal endometritis. In this case our remedies must be carried throughout the whole extent of the uterine canal.

If we have chronic corporeal endometritis, we could hardly expect the cervical parts of the uterus to get better while the former remained unrelieved.

There are a number of plans of treatment, or rather several methods employed to carry remedies to the fundus. The usual plans are either to inject the cavity of the womb with liquids or ointments, or to carry medicaments on the uterine sound to the seat of the disease.

If injections are employed they are usually used with an instrument constructed with a double canula so as to return the injected liquid. I have used Molesworth's instrument and find it to answer in some cases very well. A suction syringe with a rubber bulb, which will draw back the injected liquid answers a good purpose.

In making applications with the uterine sound, soft cotton should be wrapped around the bulb. I usually use Sim's sound, and find that the bulb is sure protection against the cotton slipping off. In this way you may pass in Solutions of the Nitrate of Silver, Iodine, Sulphate of Zinc, etc. Usually in such cases the parts are relaxed and there is a general opening unrestricted by the internal os. This fact is fortunate, especially in the cases in which the syringe is used, as any liquid remaining in the cavity of the uterus will gravitate through the relaxed and open os, whereas in a healthy womb it would be imprisoned.

H. E. Firth, M. D.

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Severe.—A hospital nurse, being asked which was the most dangerous case in the ward, pointed to the snrgeon's case of instruments nd said, "That one!"

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THE ETIOLOGY OF INEBRIETY.

Inebriety is considered by many as a disease of which dipsomania or alcoholophilia is only a special feature. It is a kind of *limosis* or morbid appetite, a ravenous craving for alcohol, opium or like exciting substances which is always increasing, and growing in about the same degree, that it is satisfied.

Drunkards call their dipsomania thirst, but this denomination is as inappropriate as any other morbid appetite would be, if denominated by the term hunger. In this the drunkards themselves are as much mistaken as those who look upon drunkenness merely as a vice. There is, as in all cases of morbid appetite, a bodily disorder which engenders the ravenous craving for stimulating substances, be the *noxa* alcohol, opium or tobacco; and this disorder, no doubt, is in the same degree greater in the person subject to the vice, who is irretrievably lost. But there is a distinction to be made which is neglected by those who are studious in avoiding the error of viewing drunkenness, like a zealous teetotaler, from an exclusively moral point of view. For, in trying to lift the car which was tumbled over to one side they are very near tumbling it over to the other side. It is true that drunkenness, once developed, is a bodily disease which a sensible practitioner will never try to cure by any purely moral apparatus; but would it not be a great absurdity to assume that the vice of alcoholism and the use of opium and tobacco depend altogether upon morbid bodily conditions. It is possible, and even probable, that, in a bodily sense, the foundation of the disease may be laid in infancy and childhood by a vitiating, or at least, a wrong diet. But the deepest root of the vice is of a mental kind, and must be attributed to moral causes.

It is the faulty education which engenders all the bad habit which belong to the above-mentioned class. But, let it be well understood that the word education is given a wider meaning here, than it usually has in common life. In the every day application of the word, education means the active part which parents play toward their children. The *self-culture*, which must necessarily be implied when using the word education is generally omitted, and as the word goes, a youth when dismissed from the guardianship of his childhood, is

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cut adrift from all educational influences beyond the physical constraint of the criminal laws and the police of his country, and, indeed, he is considered morally free from them also. The church has lost its hold on mankind, if it ever possessed any, and there is nothing put in the place of it. The idea of self-culture never occurs to man except in a few rare cases, and even then not for its own sake, but only for that of outward advantages. Consequently, it is a generally admitted principle that parents occupy and may assume a position which is beyond all education in a passive meaning of this word. They educate, but their children are not well instructed. A really good education is far from being a system of moralizing. Education is not theoretical, but practical. Illiterate people can, and relatively speaking, very often do, exescise an admirable educational influence. Why? Because what they want to impart to their pupils, they live themselves, or, in plainer words, if they teach not by words they do by acts; and are careful to exhibit in their own behavior and proceeding a good example. And this is the very thing in education. Morals can be taught a whole life-time through and often are in religious circles, and pupils of such a moral kind of education can be given all credit for their diligence in learning, and yet no practical results of any amount be obtained; because the whole proceeding is kept within the limits of theorizing. The pupils being deprived of what is more essential than the deepest study of all text books on moral philosophy in the world; they get everything except the very thing they require, viz: practical training by an example worthy of imitation.

The importance of these facts is so often not understood by educators, not only by parents, but also by moral philosophers, that they do not realize, when practising their art, that they achieve ends which they are not in the least aware of.

As long as old ones drink, young ones will become drunkards, and the best educational plan, therefore, would be for the older to demonstrate to the younger by their example, that all indulgence in spirituous liquors is a mistake. But this seems as yet, to be altogether too heavy a sacrifice for those concerned, so that there is little hope for a compliance with this most effective although most rigid rule, and it is necessary to find out more feasible methods of correction. There are, however, methods which admit of a median reformatory rigidity. For we may lay it down as a principle that

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the greater part of the satisfaction which is derived from the use of alcohol, opium, tobacco, etc., is not a bodily but a mental one.

There are facts enough which prove this. In the first place the enjoyment of these drugs, if ever there is any, is not an immediate and natural result, but an achievement obtained often by very painful experience; the body must be trained to it, and gradually assume the habit lest the senses rebel, and the stomach revolt. In the second place the so-called enjoyment of the drugs is not satisfaction. Being thirsty and drinking a glass of water you quench your thirst and thereby get rid of a torturing feeling, and this satisfaction lasts until you have brought your body again into a condition that needs a new supply of this vital substance. But the dipsomaniac is worse than tantalized by his thirst. Tantalus was only mistaken about the reality of the water and fruit exhibited before his eyes when thirst tormented him. The drunkard is tantalized by the delusion of his thirst being real, and his deception, in spite of all drinking, is eternal. But as long as he is a drunkard his illusion lasts; while drinking, his imagination is satisfied that he is doing the very thing which his senses crave for, he thinks he is quenching his thirst, and when after a few moments he realizes the effect and sees that it is worse than nought, he drinks again. He deals with himself as Dr. Sangredo in Gil Blas dealt with his sick; whatever their disease he tapped them, and gave them warm water to drink, and when they died, he claimed that they had not been tapped enough, and had not drank enough warm water.

Every normal palate rejects alcohol as well as tobacco; nay a child not artificially fed or reared will even never relish meat, and instead of the daintiest dishes of refined cookery will prefer fruit as it grows on bush and tree, as the most palatable food and the only thing fit for man to eat. And we need only to encourage this natural taste of children, and there will be no chance whatever for dipsomania or nicotism to get hold and pervert the physics, ethics and æsthetics of their persons. But just listen to the way in which the full-grown speak to the wide-awake boys who are quick in improving upon the educational basis of their superiors. If parents intended to inculcate dipsomania they could not more strongly eulogize tobacco and brandy. When the youngsters want to try it, they are at first refused, but on insisting they are at

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last allowed a drop or a puff, and thus the taste for alcohol is acquired; which in a short time becomes a full-grown dipsomania which must then be recognized as a bodily disease, the etiology of which, however, has to be set down as of mental origin and of a moral kind.

When craziness is universal we may not call it madness. But seeing people be they ever so many, style as an enjoyment, a habit that they not only have to get accustomed to, but endure with a great deal of inconvenience, one cannot help looking at them as not very far from being—cranks

C. A. F. Lindorme, Ph D., M. D.

THE DEFEAT OF THE VACCINATION LAW IN SWITZERLAND.

To the Editor of the Medical Tribune.

Sir.—The recent rejection of the *Epidemien Gesetz*, or as Prof. Adolf Vogt, of Berne University, says it may be more appropriately described the Compulsory Vaccination Law by the *plibiscite* in Switzerland, has created quite a breeze among the vaccination officials, and their medical allies, and various persistent attempts have been made to depreciate the significance of this decisive and overwhelming defeat. These tactics are not new, but have been adopted in every struggle for freedom and personal rights since men began to emerge out of a condition of serfdom. When about 28 years ago, the Territory of Kansas, United States, was wrested by the friends of liberty from slavery, and consecrated to the perpetual home of freemen, the southern slave-holders, and their northern pro-slavery allies of the Democratic party were equally reluctant to acknowledge their discomfiture.

The vaccinators in Switzerland, according to my well-informed correspondent, Dr. Boens, under the guise of concern for the public health, were really fighting for office and its emoluments, which would have given each medical officer salaries varying from 2000 to 2,500 francs per annum; no great sum to be sure, but a large inducement where incomes are relatively small. But the *Le Reveil*, a

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journal which supported the law, naively admits that the Swiss people are not all doctors, any more than soldiers, lawyers, and schoolmasters, and must be reckoned with when permanent taxation is threatened. A learned professor of medicine and Hygiene, Prof. Vogt, draws the inevitable deduction from the Referendum in the entire abolition of compulsory vaccination for soldiers, prisoners, and children at public schools at no distant day. To appreciate the true position of the case, it must not be forgotten that the law passed by the Federal Chambers on the 31st of January last, was preceded by an active and prolonged discussion on the vaccination question all along the line, arising out of the previous post-card medical inquiry instituted on this the chief pillar of the epidemic law. Moreover, the circulars and placards issued by the agents of the Medical Commission on the one hand, and the committee on the Referendum on the other, also show that the vaccination clauses were the *point d' appui* and *point d' attaque* for each party in the struggle. The manifests of the committee set forth that 'they particularly object to vaccination, the utility of which is not only placed in doubt, but is directly contested by scientific evidence of the highest character." The committee remind the electors that by voting for the bill they will "expose themselves and their children to the dangers of blood-poisoning without hope or possibility of finding any useful or preventive effect, and that such legislation will prevent new scientific discoveries being adopted, because vaccination will be made obligatory by this unwise law."

It is believed by not a few enlightened persons who have taken the trouble to canvass the opinion of the parents in England also, that a *plebiscite* would in like manner result in the overthrow of compulsory vaccination by a vote as proportionately large, or larger than that of Switzerland.

The hatred to unsolicited medical interference, and the respect for parental rights, and parental responsibility is as strong here as there. The fact that, out of—say, a quarter of a million of prescriptions known to the medical profession, vaccination is the only one enforced by the terrors of the police-court and the jail, is to say the least, a suspicious social anomaly, which ought to arrest the attention of every reflective mind.

Yours Faithfully,

William Tebb.

7 Albert Road, London, England.

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*IMPORTANT FACTS ABOUT HAIR.**

The hair has a physiology and a pathology of its own. It has the Polish disease, the leprosy and the scald. If its pores are clogged, as by dyes, the whole head suffers. I have known several persons, who have died, evidently, from the use of hair dye. Indeed, most hair washes are a nuisance and should be discarded.

Whether the hair should be cut I never could quite satisfy myself. As a physiological practice, I seriously doubt the propriety. Every cutting is a wounding, and there is some sort of bleeding, in consequence, and waste of vital force. I think it will be found that long-lived persons most frequently wear the hair long.

The cutting of the hair stimulates to a new growth to supply the waste. Thus the energy required to maintain the vigor of the body is drawn off to make good the wanton destruction. It is said, I know, that after the hair has grown to a certain length it loses its vitality at the extremity, and splits or "brooms up." Whether this would be the case if the hair should never be cut I would like to know. When it is cut a fluid exudes, and forms a scab or cicatrix at each wounded extremity, indicating that there has been injury.

Women and priests have generally worn long hair. I never could imagine why this distinction was made. The ancient priest was very often unsexed or devoted to a vow of celibacy, but I cannot surmise whether that had any thing to do with it. Kings wore their hair long, in imitation of Samson, and the golden Sun-God Mithias. I suspect from this, that the first men shorn were slaves and laborers; that freemen wore their hair unmutilated, as the crown of a perfect manhood, and manliness. If this be correct, the new era of freedom, when it ever shall dawn, will be characterized by men unshorn as well as women unperverted.

I wish that our science and our civilization had better devices for preserving the integrity of the hair. Baldness is a deformity, and

*An abstract of a paper read by Dr. Alex. Wilder, before the West-Side Medical Society, Oct. 5th 1882.

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premature whiteness a defect. If the head was in health, and the body in proper vigor, I am confident that this would not be. I am apprehensive that our dietetic habits occasion the bleaching of the hair; the stiff, arsenic-prepared hat is responsible for much of the baldness. Our hats are unhealthy, from the tricks of the hatters. I suppose there are other causes, however. Heredity has its influence. Certain diseases within the hair at its roots; others lower the vitality of the skin and so depilate the body. Julius Cæsar was bald and ashamed of it; scandal represented him as the husband of every woman in Rome. If such a course was persistently characterized by that effect, I am afraid that bald heads would be as fashionable as shorn ones are.

I acknowledge that the shingled head disgusts me. It cannot be wholesome. The most sensitive part of the head is at the back where the neck joins. That place exposed to unusual cold or heat is liable to receive an injury, that will be permanent, if not fatal in a short period. The whole head wants protection; and the hair affords this as no other protection can. Men have beards because they need them, and it is wicked to cut them off. No growth or part of the body is superfluous, and we ought, as candidates for health and long life, to preserve ourselves from violence or mutilation. Integrity is the true manly standard.

Among the peculiar virtues of pilocarpin, are those affecting the condition of the hair. It is probably unnecessary to state that pilocarpin is an alkaloid and the supposed active principle of jaborandi; the technical designation of the plant being *Pilocarpus peunatiolius.* The leaves are the official part. The effect on the human system is powerful and peculiar. It induces profuse sweating and salivation, and stimulates the growth of the hair. It is in respect to this last property that we make this citation.

One patient upon whom observation was made, was a lady, twenty-five years old, and a blonde, of petite figure. Pilocarpin was given by hypodermic injection, a centigram at a time, to relieve uræmia. Its exhibition was followed by great exhaustion but the uræmia was relieved. The treatment was begun, December 16, 1880, and continued at intervals till February 22, 1881.

Specimens of her hair were exhibited at Section B of the American Scientific Association, at Cincinnati. One specimen was cut off, in

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November, 1879, and a second in November, 1880. Both were of very light, color, tinged with yellow, and showed, that during that year there had been no change in the color. On the 16th of December the administration of pilocarpin began; and twelve days later a change in color was noticed. The hair also became thicker, and coarser, and more oily. A like change was noticed in the color of the hair on other parts of the body. The eyes also became darker.

A third specimen of hair was cut January 12, 1881, which was of a chestnut brown color—just four weeks from the first exhibition of the pilocarpin. A fourth was cut in May, 1881, almost pure black.

In the second case the patient was an infant, fourteen months old, afflicted with membranous croup. It is given in the Philadelphia *Times*, of August 11, 1881. The treatment began June 9, 1881. Two milligrams of hydrochlorate of pilocarpin were given every hour; the dose being afterward increased to four. It was administered for nine days, the amount being diminished toward the last. One specimen of hair was taken on the eighth day, the seventeenth of June, and was of a light yellow. A second was taken on the 27th, and was a decided shade darker.

This seems to indicate that the color of the hair is due to an oily pigment, and this is increased under the influence of jaborandi. Whether this fact will occasion a corner in the jaborandi market, it is too early to foreshadow. White hair seems to be popular among women; at least, they say they like it, and a doctor's practice is seldom worth much till his hair is gray. These two numerous classes will hardly indulge in jaborandi. It would, however, be a good nostrum for barbers to speculate in, and, perhaps, Madame Julienne could turn an honest penny.

I have heard it suggested that phytolacca was of utility in making hair grow. Its prompt action in glandular disorders would favor this. I have never been able to ascertain whether it would restore hair, where the energy of the capillary glands had been impaired; when the scalp had become smooth and glossy; indeed, I think it would be all that jaborandi could do, to fetch up such hard cases. But when there had been a tumor on the head which arrested the growth of the hair, a brother physician stated to me some years since, that he had dispersed the tumor with tincture of phytolacca, and the hair grew again.

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CESTODA OR TAPE-WORMS.

THERE are several species of tænia which infest the human body. The three most commonly found, are the tænia solium; tænia saginata and the tænia latus; the latter being also known by the name of Bothriocephalus. Tænia is a Greek word and signifies a fillet or tape—hence the common name "tape-worm"—which is characterized by a long flat and jointed body. Tænia was known in the earliest times, and is mentioned by ancient medical writers; though up to the seventeenth century, there was doubt in regard to its being a living independent animal; many physicians up that time looked upon it as some detached portion of the intestinal canal that had been thrown off by some disease.

Tape-worm is developed by an embryo introduced into the stomach usually from imperfectly cooked meats. Tænia solium is generated by eating pork which has been imperfectly cooked, while the tænia saginata is produced from the cow. It has been most frequently found in those children who have been ordered by the physician to eat raw grated beef; a practice, that for this reason should be condemned. In Abyssinia the natives almost without exception have tænia saginata, and their diet is the raw, still quivering flesh of the cow. Butchers and cooks who are much over animal food are more frequently afflicted with tænia than those who follow other vocations.

I did not design to write an essay on the origin and history of the tape-worm, but rather to invite the attention of your many readers to a new and specific remedy for its removal. The remedy I am about to suggest is not original with me. I learned of it some years ago from that thoroughly practical man, Dr. William Jones, of Newburgh, N. Y.

I have since used it in many cases, and thus far without a single failure. A few months ago Dr. James, of this city, consulted me in an unusually stubborn case of tænia. He had used all the known remedies to expel the intruder, including the active principle of the male fern, also pomegranite, turpentine and the great English remedy known as *Koosso*, but thus far all his efforts had failed, except to discharge small portions of the worm. I suggested to him a trial of the remedy, to which he readily consented although it was new to him. In two hours after giving the remedy, he had the satisfaction

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of seeing the parasite removed entire. It was about thirty feet long. Now for the remedy. After giving a purgative to remove the contents of the intestinal canal so that the parasite may have the full benefit of the medicine, to be given as follows:

℞.—Chloroform. . . . . ℥ i.
Fresh milk . . . . . ℥ iv. M.

Sig.—Take the above at one dose, repeat in one or two hours if necessary. The second dose has in my experience never failed to bring the worm entire and it frequently does so with one portion.

D. E. Smith, M.D.

Brooklyn, N. Y.

THE UTILITY OF DRUNKENNESS.

In the early argumentative struggles betweeen the advocates of total abstinence from alcohol and their opponents, the latter believed they settled the question by affirming that "these things are sent for our use," and therefore that it was flying in the face of Providence to refuse a social glass. This and many similar arguments have subsequently been overturned by the abstainers, who have unquestionably been victorious "all along the line," especially since Dr. B. W. Richardson has become their commander-in-chief.

In spite of this, I am about to charge their serried ranks, armed with an entirely new weapon forged by myself from material supplied by the late Dr. Darwin, my thesis being, that the drunkenness which prevails at the present day is promoting civilization and the general forward progress of the human race.

Malthus demonstrated long ago that man, like other animals, has a tendency to multiply more rapidly than the means of supporting his increasing numbers can be multiplied; he and his followers regarded this tendency as the primary source of poverty and social degradation. Darwin, starting with the same general law, deduces the very

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opposite conclusion respecting its influence on each particular species. though his antagonism to Malthus does not prominently appear, seeing that his inferences were mainly applied to the lower animals. Darwin shows that the onward progress, the developement, or what may be described as the collective prosperity of the species, is brought about by over-multiplication, followed by a necessary struggle for existence, in the course of which the inferior or unsuitable individuals are weeded out, and "the survival of the fittest" necessarily follows; these superior or more suitable specimens transmit more or less of their advantages to their offspring, which, still multiplying excessively, are again and again similarly sifted and improved or developed in a boundless course of forward evolution.

In the earlier stages of human existence, the fittest for survival were those whose brutal or physical energies best enabled them to struggle with the physical difficulties of their surroundings, to subjugate the crudities of the primeval plains and forests to human requirements. The perpetual struggles of the different tribes gave the dominion of the earth to those best able to rule it; the strongest and most violent human animal was then the fittest, and he survived accordingly.

Then came another era of human effort gradually culminating in the present period. In this, mere muscular stength, brute physical power, and mere animal energy have become less and less demanded as we have, by the aid of physical science, imprisoned the physical forces of nature in our steam-boilers, batteries, etc., and have made them our slaves in lieu of human prisoners of war. The coarse muscular, raving, yelling, fighting human animal that formerly led the war-dance, the hunt, and the battle, is no longer the fittest for survival, but is, on the contrary, daily becoming more and more out of place. His prize-fights, his dog-fights, his cock-pits, and bull-baiting are practically abolished, his fox-hunting and bird-shooting are only carried on at great expense by a wealthy residuum, and by damaging interference with civilized agriculture. The unfitness of the remaining representatives of the primeval savage is manifest, and their survival is purely prejudicial to the present interests and future progress of the race.

Such being the case, we now require some means of eliminating those coarser, more brutal, or purely animal specimens of humanity,

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in order that there may be more room for the survival and multiplication of the more intellectual, more refined, and altogether distinctively human specimens. It is desirable that this should be effected by some natural or spontaneous proceeding of self-extinction, performed by the animal specimens themselves. If this self-immolation can be a process that is enjoyable in their own estimation, all the objections to it that might otherwise be suggested by our feelings of humanity are removed.

Now, these conditions are exactly fulfilled by the alcoholic drinks of the present day when used for the purpose of obtaining intoxication. The old customs that rendered heavy drinking a social duty have passed away, their only remaining traces being the few exceptional cases of hereditary dipsomania still to be found here and there among men and women of delicate fiber and sensitive organization.

With these exceptions, the drunkards of our time are those whose constitutions are so coarse, so gross and brutal, that the excitement of alcoholic stimulation is to them a delicious sensual delirium, a wild saturnalia of animal exaltation, which they enjoy so heartily that every new raving outbreak only whets their appetite for a repetition. While sober they actually arrange and prepare for a forthcoming holiday booze; work and save money for the avowed purpose of purchasing the drink and its consequent ecstasies, which conststute the chief delights of their existence. When a professional criminal has "served his time," and is about to be released from prison, his faithful friends club together to supply him with the consolation of an uninterupted course of intoxication; the longer its duration the greater his happiness, and the deeper his obligations of gratitude to the contributing "pals."

We know that such indulgence has swept away the Red Indian savage from the American Continent, and prepared it for a higher civilization, as the mammoth and grizzly bear have made way for the sheep and oxen; and this beneficent agent, if allowed to do its natural work, will similarly remove the savage elements that still remain as impediments to the onward progress of the more crowded communities of the Old World. If those who love alcoholic drinks for the sake of the excitement they induce are only supplied with cheap and abundant happiness, our criminal and pauper population will be reduced to a minimum.

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It is commonly supposed that, because nearly all criminals are drunkards, therefore drunkennness is the chief cause of crime. This is a confusion of cause with effect. Crime and drunkenness go together because they are concurrent effects of the same organization. Alcoholic stimulation merely removes prudence and brings out true character without restraint or disguise. The brute who beats his wife when drunk would do so when sober if he dared and could; but what we call the sober state is with him a condition of cowardly depression and feebleness due to the reaction of intoxication. If a number of quarrelsome men assemble and drink together, they finish with fighting. If a similar number of kindly disposed men drink together, they overflow with generosity, profuse friendliness, and finally become absurdly affectionate. The citizen who would have subscribed but one guinea to a charity before dinner will give his name for five after the "toast of the evening."

My general conclusion is that all human beings (excepting the few dipsomaniacs above-named), who are fit to survive as members of a civilized community, will spontaneously avoid intemperance, provided no artificial pressure of absurd drinking customs is applied to them, while those who are incapable of the general self-restraint demanded by avdancing civilization, and can not share its moral and intellectual refinements, are provided by alcoholic beverages with the means of "happy dispatch," will be gradually sifted out by natural alcoholic selection, provided no legislative violence interferes with their desire for "a short life and a merry one."—*Gentleman's Magazine.*

THE FIFTY-FIFTH MEETING OF GERMAN NATURALISTS AND MEDICAL MEN

The above Association, corresponding to a combination of the British Association and the British Medical Association, has just concluded its annual meeting at Eisenach, so well known to the

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English tourist. The meeting passed off very well, and socially considered, was a great success, though its scientific outcome fell short of the expectations of many of the members, and for reasons which are not far to seek. The choice of the place has some share in this, for many preferred to study nature, which presents itself here in all its loveliness, rather than attend the "sections;" but a more powerful cause, and one which, I am afraid will show itself in all the future meetings, more or less, is the establishment of so many congresses of different special branches of medicine, such as for ophthalmology, surgery, psychiatry, and recently also for clinical medicine. The meeting was very numerously attended, though many of the best known clinical teachers of the larger universities were absent, and those few present did not take a very active part in the several discussions. The scientific work done consists of general addresses and sectional meetings. Of the general addresses that of Professor Bergmaun (the successor of Langenbeck) was the only one of purely medical interest, and had for its title "The Present Methods of Wound Dressing aud their relations to Antisepticity." It was a popular lecture on the antiseptic treatment of wounds and an appeal to the surgeons not to allow surgery to become merely a technical art, and not to forget other important points, such as the stoppage of hæmorrhage, the condition of the parts in and near the wound, and the process of wound healing. Among the other general addresses Haeckel's most lucid and masterly oration on Darwin formed the *piece de resistance.* That Darwin's greatness and merits were done full justice to by this, the foremost of Darwin's expounders, may be easily imagined. It is impossible to give even a outline of this address, which will appear *in extenso* in the "Deutcshe Rundschau" for October. I may, however, mention that Haeckel concluded his speech by showing that the adoption of Darwin's theory may be quite in harmony with religion, and he cited a letter written by Darwin in 1879 to a German student who felt his religious belief shaken by the new theory, and who addressed himself to Darwin.

Dr. Assmaum's address on "Atmospheric Dust" was a clear, concise, and able *resume* of all that is known respecting its meteorological, chemical, physical, and hygienic relations.

In the different medical sections there is not much new to record, and the absence, except in the Sections for Children's Diseases, of a pre-arranged important subject for discussion is especially to be

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regretted; there is, however, every likelihood that in future the sectional work will be better managed. Nevertheless, some of the papers read were of more than average interest.

The Gynæcological Section was the most industrious, and among the most important papers read were two by Olshausen; one detailing his further experience of the "Total Extirpation of the Uterus per Vaginam," and the other on the "Treatment of Retroflexion," and one by Professor P. Muller on "Puerperal Atrophy."

In the Surgical Section, presided over at one of its sittings by Langenbeck, Professor Konig showed a patient in whom he removed the greater portion of the sternum, which was the seat of a rapidly growing osteo-sarcomatous growth. The whole of the sternum, except the uppermost part and the xiphoid process, was removed, and during the operation air entered both pleural cavities, and also the pericardium, which was found adherent to the sternum, and was opened during the operation. The patient made a good recovery, and the wound is now almost entirely healed, except at one point where a portion of an adjacent rib is necrotic and keeps up some little suppuration.

The Section of Pathology, owing to its numerical weakness, had to be merged into the Section of Medicine. Prof. Weigert (Leipsic) described a new method of staining the nerve-fibres in the central nervous system, and showed some excellent preparations. The method consists in staining the preparation in acid fuchsin (Fuchsin, S. 130 of the Berlin Aniline Manufacture), washing in a weak alcoholic potash solution, and then mounting in the ordinary way in Canada balsam. The method has great advantages above all other methods; it selects the nerve-fibres only, of which it stains portions of the medulla, while it leaves the axis cylinder free, and it picks out the smallest fibres, such as no other reagent, not even gold chloride, does. (As aniline staining form now such an important part in all microscopic examinations, especially in the detection of micro-organisms, and as the different staining agents vary so very much in their properties, as sent into commerce by the different aniline manufacturers, it will interest many of your readers to know that those used by Weigert, Koch, and other German pathologists are best obtained from Dr. Gubler, 17, Dufour-strasse, Leipsic.)

Of other papers of pathological interest may be cited Dr. v. Merings's paper on the "Removal of Portions of the Cerebellum in Dogs."

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The removal of superficial parts of both the vomer and the hemispheres produced simply temporary stiffness of the muscles of the neck (in harmony with Hughlings-Jackson's view on the function of cerebellar cortex); the removal of the whole of the vomer only was followed by permanent symptoms, consisting chiefly of incoordination (in harmony with Nothnagel's views). Dr. Gudden read, in the Neurological Section, a paper on the "Course of the Optic Nerves." From a series of experiments on young animals (cats and rabbits) Gudden does not believe either in Munk's or Ferrier's cortical centre of vision in the corpora quadrigemina, and distinguishes three centers—one for vision, one for the dilatation of the pupil, and one for the contraction of the pupil. The series of experiments is, however, not yet concluded. The only other incident in the pathological section was a powerful speech by Professor Zanker, in which he warmly defended Dr. Koch against the treatment the latter recently received at the hands of Pasteur at Geneva. From the feeling which this speech elicited it is evident that the arbitrary behavior of Pasteur will still further increase the coolness existing between French and German *savants*.

In the Sections for Medicine I wish to notice a paper by Professor Quincks on the Dyspnœa produced by large doses of salicylate of sodium, a paper by Professor Ewald on the Presence of Chloride of Leucin in the Gastric Juice, and one by Dr. v. Mering on the Anæsthetic Action of Acetal. Large doses of dimethylacetal and diethylacetal seem all to this author experiments to produce anæsthesia, and even death, without affecting the heart's action. Their action would thus differ materially from that of chloral. Given to healthy men, even very large doses of these compounds produce simply sleep of a few hour's duration.

In the Section for Children's Diseases several important topics were discussed, such as animal vaccination (which found many and strong advocates), the feeding of infants and the different substitutes for mothers' milk, milk as a carrier of infection, and such like. A subject for discussion at the next annual meeting, which is to be held at Fribourg, was arranged for; and at the suggestion of Dr. Steffen and Professor Demme, the tuberculosis in children, especially in its etiological and pathological relations, was chosen.—*The Lancet*, *Sept.* 30, 1882.

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THE HYGIENIC TREATMENT OF CONSUMPTION.

It is barely possible that the experiments of Kock and his alleged discovery of the bacillus tuberculi are leading us to the brink of a new departure in the therapeutics of consumption. So fruitless, however, have been the efforts heretofore put forth in the modern history of the race, that we are constrained to be somewhat skeptical as to the result, but this same fruitlessness prompts us to put our hand into the hand of almost anyone who claims to have discovered a new way, and allow him to blindly lead us on, if haply the light which he sees ahead may not prove an *ignis fatuus*.

Pending the discovery of the means which may destroy or prevent the development of the as yet somewhat hypothetical bacillus, we shall still cling to our belief that the prophylaxis, as well as the cure of consumption, will be found to reside alone in a perfect hygiene.

The great question to be decided in the treatment of the disease is whether it is the local manifestation of a constitutional dyscrasia, or is itself primarily the disease. The answer to this question must determine both the line of the treatment and to an extent, also, the individual drugs prescribed. We believe it to be generally conceded by those who have given this subject more than the cursory consideration which is alone possible by the general practitioner, that there is first a constitutional dyscrasia and that it finds expression in the affection of the lung. It is certainly by following the treatment suggested by this view that the greatest success has been achieved in treatment. It is true the local difficulty also reacts on the constitution, and remedies directed to the relief of the former cannot be ignored with impunity, but such remedies must always be of secondary importance in all other treatment than that which is simply palliative, and conducted with a view to euthanasia.

The great desideratum in the treatment of consumption is, therefore to place the system in such a condition as shall enable it to resist the development of the tendency to local lesion, and inasmuch as resistance to all morbific influences is dependent on a condition of good general health, the means both of prophylaxis and cure, must be such as may best conserve vital processes and best secure proper

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functional activity. Usually the first symptom which reveals itself in a case of consumption is a failure of the function of digestion, including the appetite. Frequently this is directly due to bad hygienic conditions and in such cases reference must, of course, be had to these. It is essential in this connection to secure a proper supply of pure air, and if an absolutely out-door life (the best of all propylactic and, perhaps, curative measures) be impracticable, ventilation must be made as nearly perfect as may be. The lungs are important organs of excretion, and when their function is interfered with either through lack of a proper supply of oxygen or through the presence of carbonic acid gas, the blood fails to discharge the deleterious products of waste, which being retained work their mischievous effects. In proportion also, as the lungs have become impaired is the demand for pure air increased, and it is a fatal error to seek through any conception of kindness to deny the victim an unlimited supply. The demand for fresh air should be increased by exercise within the limits of exhaustion, and one of the most pernicious of the many theories which have at various times held sway, has been that which insisted on the necessity of treating the lung as one would treat an inflamed tissue, namely, by giving it rest. We have known of instances in which cicatrization of cavities in the lung has taken place under a regimen of active out-door exercise, and doubtless such cases can be corroborated in the experience of many of our readers. A strong will, strong enough to overcome the almost-all conquering desire for repose experienced by most consumptives, is indeed almost a *sine qua non* in the successful treatment of the disease. By such exercise the deeire for food is, moreover, increased, and the process of digestion being also facilitated, the demand which the wasting disease makes on the system is most successfully supplied. We have little faith in the plan which insists on the patient's eating set articles of diet. We believe that, as a rule, that particular article is best which the patient most desires. The appetite, if not an infallible guide to the dietary, is at least less apt to give erroneous directions than are the theories of the laboratory. Nature may occasionally err in this matter, but the error may be more largely due than we are aware to an improper conception of her instructions. When the consumptive has no desire for fats, or when fats are positively repugnant, it has been found in practice to be a questionable procedure to insist on his swallowing cod liver oil

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and other oily substances. If, however, in the case of cod liver oil, the oil has been emulsified and otherwise rendered palatable, the objection to its use has been largely removed. It is rich in carbon, and, if appropriated, is a valuable article of diet; but any repugnance to it on the part of the patient probably interferes with its digestion and assimilation. While it may be important, it is not so much so as to the keeping of the stomach in a condition in which it is best calculated to prepare any food which may be desired. We have recently heard much of the "Salisbury method" in the treatment of consumption. The essential point in this method is abstention from starchy food, the theory being that such food undergoes fermentation and that the spores are absorbed, and after being taken into the circulation induce fermentative changes there. The theory is an ingenious one, but as yet lacks the evidence which the crucial tests of experience can alone furnish, to establish it. Until such evidence has been adduced we shall not interdict the use of starchy food, provided the patient desires it.

When the digestive powers begin to fail they may be stimulated and strengthened by art, and pending this improvement the digestive process may be facilitated by aids in the shape of physiological remedies. We have in pepsin and extract of malt two of such remedies, the former assisting in the digestion of animal food, and the latter in that of starch. These agents are, in a sense, not medicines but rather physiological foods, supplying indeed, ingredients to the digestive juices, lacking which digestion fails. They should be preceded and accompanied by the simple bitter tonics and reconstructive tonics.

We believe that the above outline embraces suggestions which are too often disregarded in the attempts at medication for the relief of the local lesion.

The skin is another organ of excretion, attention to which is of very great importance in the treatment of consumption. It should receive especial care, and local treatment. This treatment should consist chiefly in baths and friction of such a nature as is best calculated to improve its tonicity. An atonic condition of the skin predisposes to colds, which is one of the most important ends of treatment to avoid. No routine method of bathing can be prescribed, and the practitioner will find a test of his good judgment in the

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adaptation of the temperature of the water, its mineral or other constituents, and the degree of friction, massage, etc., best calculated to restore the lost tonicity of the skin.

We would not have it inferred from the above that medicines should be banished from the treatment of consumption. They are at times indispensable for certain complications, and during the whole course of the disease there is seldom a time when some such indication does not present. We shall in our next touch on some of the remedies called for by the manifold complications.—*The Therapeutic Gazette.*

MALTINE IN PHTHISIS.

After full trial of the different oils and extract of malt preparations in both hospital and private practice I find maltine most applicable to the greatest number of patients and superior to any remedy of its class. Theoretically we would expect this preparation, which has become practically official, to be of great value in chronic conditions of waste and malnutrition, especially as exemplified in phthisis. Being rich in diastase, albuminoids and phosphates, according to careful analysis, it aids in digesting farinacious food, while in itself it is a brain, nerve and muscle producer.

In practice this hypothesis is sustained. A female patient at St. Luke's Hospital, age 35, with phthsis, signs of deposit in left upper lung, losing flesh for six months, poor appetite and night sweats, began taking maltine March 13th, 1880. She now weighs 121 pounds, eats well, no night sweats, and the evidences of local disease are much less marked.

Another case of phthisis: A gentleman from Alabama, with all the physical signs of phthisis, rapidly losing health and strength. His was the remarkable gain of 10 pounds for six weeks use of maltine.

These instances are sufficient from illustration, and are duplicated many times in the experience of physicians everywhere.—*Quarterly Epitome of Practical Medicine and Surgery.*

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THE TOMATO AS A DIETARY.

THE profession and the public are by no means agreed as to the dietetic value of the tomato. The classical authorities on food, such as Pavy and Chambers, dismiss the claims of this vegetable very curtly, simply placing it among the anti-scorbutics, and allowing it little, if any, nutritive power. The public, on the other hand, believe this ally of the potato to be not only a highly nutrient vegetable, but a stomachic, a cathartic, and generally a potent blood-purifier. That the tomato is thought too little of by the profession generally is true, but it may be doubted whether it possesses those wonderful alterative powers ascribed to it by the Americans, many of whom persuade themselves that they are never in health except in the tomato season. This fruit (as it may also be called), however, exhibits one remarkable property in connection with plant diseases, which suggests its use as a germicide and a protector against those disorders, so many of which we now know derive their origin from bacteria and allied germs. If a tomato shurb be uprooted at the end of the season and allowed to wither on the bough of a fruit tree, or if it be burnt beneath, it will act not only as a curative, but protective, against blight and similar attacks. This hostility to low organisms is due to the presence of sulphur, which is rendered up in an active condition in the decay or burning. Remembering that digestion also splits up the tomato into its chemical constituents and releases sulphur, probably in a nascent condition in the intestinal canal, it may have as great potency there as experiments prove it to have outside the body. Summer diarrhœa, English cholera and typhoid fever are all due to low organisms. As the diarrhœal and typhoid seasons are luckily contemporaneous with the fruiting of the tomoto, it is not unreasonable to assume that tomato-eaters would be more than ordinarily likely to escape such diseases. It is worth noting that typhoid fever is most prevalent among the poor, to whom this expensive vegetable is almost unknown. Sailors, too, just after landing, are particularly liable to typhoid, and in them we may always expect a more or less scorbutic condition. But the question of the protection against disease by certain diets, and by such habits as the use of alcohol, tobacco and opium, has as yet been hardly inquired into.

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Experiments are now being made on the tincture of the tomato which will help in determining its therapeutic value. Meanwhile, eaten cooked with hot meats, and in the form of salad after a cold lunch, it is a pleasant and useful addition to our ordinary regimen. The fruit-acids it contains, combined with the mechanical effect of the seeds and skins, render it to some extent an enemy to scurvy as well as a laxative, and the sulphur, with its known power over septic conditions, would probably contribute to make its use a protection against the poison germs of those diseases, like typhoid, that find their way into the system primarily by the alimentary canal. One caution is needed to the lovers of this esculent. The taste for it being an acquired one, it is the more likely to be indulged in to excess, and we have known almost as many tomato-maniacs as astro-maniacs. All kinds of raw fruit, it should be remembered, except used with with care, are liable to irritate, and we have know an instance where a person, workiug hard all day on raw tomatoes only, was seized with inflammation of the bowels, which proved fatal in a few hours. As an article of diet, then, two or three tomatoes will be found as effective as, and certainly safer, than a dozen.—*Australian Medical Journal.*

DANGER IN SLEEP.

The dangers one incurs by sleeping with his mouth open (*Monthly Rev. of Med. and Phar.*) without protecting it by proper safeguards, has recently been exemplified at Brunn. A workman called upon a Dr. Flaschel, of that town, and stated that for almost forty years his digestive organs has performed their functions perfectly well; but for five days they had undergone a sudden change. The day before he experience this difference, after having worked hard, he crawled into a hay-mow and there fell asleep, but was suddenly awakened by a difficulty of breathing and violent pains in the stomach. The latter continued to annoy him; he lost his appetite, and felt generally indisposed. The doctor prescribed for him, upon which he went to a neighboring inn, where, after an attack of severe pain, he vomited a medium-size dead mouse.—*Chicago Medical Review.*

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The Mirror.

The people may be made to follow a line of action, but they may not be made to understand it.—OMAR KHAYYAM.

ANNUAL MEETING OF THE ECLECTIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

THE State Medical Society held its Twenty-second Annual Meeting at Cooper Union, beginning October 18th, at 10 o'clock A.M., President H. S. Firth, M.D., in the chair.

The minutes of last meeting were read and approved.

Substitutes were appointed upon the Board of Censors to take the place of absentees.

AFTERNOON SESSION.

Verbal reports were received from several auxiliaries. The Board of Censors reported favorably upon all delegates and nominees for permanent membership. Ballot was held and the following persons were elected: C. W. Parker, of Cortland; E. R. Allen, of Harford; John H. Wilson, of Cohoes; James Douglas, of West Troy; G. E. Hall, Mrs. S. C. Markley, H. F. Kilborn, of the Black River District Society; C. W. Dunlop, and T. Conrad, of New York City; L. C. Harding, of Nunda; E. M. White, of Cohocton; G. H. Hubbard, of Lakeville; A. V. Watkins, of Beyersville; G. W. Luther, of Bath; Emma A. Darmon, and John Kayes, of Sullivan County; and H. S. Knowles, of Saratoga Springs.

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The Secretary read the proceedings of the Board of Directors since the last session.

The action of the Board and the proceedings of the last meeting affecting the two Societies and the two Colleges in New York City were reconsidered, and after discussion rescinded. Upon motion it was

Resolved, That the thanks of the Society are due and are hereby tendered to the President and Executive Committee for the fidelity, courtesy and delicacy with which they performed the duty imposed upon them by the Society in the matter of the two Medical Colleges.

Dr. R. S. Newton was appointed one of the censors. The Board further reported and the following were elected by ballot: Drs. C. H. McDonald, A. Haywood, G. W. Blend, of the Susquehanna District; Mrs. E. Firth, of Brooklyn; A. M. Lesser, and F. L. Fuchs, of New York City.

Amendments to the By-Laws were proposed and objections being raised, action was deferred till next year.

Dr. Wilder offered the following:

Resolved, That the imprisonment of J. B. Silkman, of Yonkers, in the Lunatic Asylum, at Utica, was an attrocious crime, worthy only of a despotic and barbarous people; that it was but a solitary act among others of similar character; and that it proves the necessity of a thorough revision of the Statutes and Jurisprudence of the state in the behalf of individuals charged with insanity.

An essay on the "Cause or Source of Sex" was read by Dr. Wm. Jones, of Newburgh. Adjourned.

EVENING SESSION.

The President, H. S. Firth, M.D., of Brooklyn, delivered his annual address on the subject of "Man and his Possibilities in this Life and the Life to Come." He read that part only of the address which proposed to prove that man is immortal. Dr. Kinget argued to the contrary.

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Dr. D. E. Smith addressed the Society on "The Advantages of the Eclectic Practice.

Prof. R. A. Gunn delivered an address on "Abuses of Asylums and Inconsistencies in Laws Concerning the Insane." Prof. A. Wilder followed in the same vein.

SECOND DAY.--MORNING SESSION.

The Secretary's report was read and approved, also the report of the Treasurer. Both were referred to a Finance Committee and subsequently approved.

Deligates to the National Association were appointed as follows: Drs. A. J. N. Purdie, D. H. Foster, M. Brockway, D. Darmon, E. R. Allen, J. T. Johnson, J. N. Betts, C. Collin, Miss C. E. Downing, M. B. Ladd, J. D. Crane, Jared Chase, C. Spiegel, and G. E. Hall.

The Nominating Committee reported, ballot was held and the following elected officers for the ensuing year: *President*, R. H. Owen, M.D., of Haverstraw; *Vice-President*, B. J. Stow, M.D., of Brooklyn; *Recording Secretary*, J. Edwin Danelson, M.D., of Buffalo; *Corresponding Secretary*, E. S. Moore, M.D., of Bay Shore; *Censors* Drs. H. E. Firth, H. A. Bolles, R. S. Newton, G. D. Hewitt, A. Wilder, R. Hamilton, John Wilson, S. A. Allen, A. V. Watkins, G. W. Boskowitz, and H. D. Gridley.

The place for holding the next meeting recommended by the Committee was Albany. This was amended by New York and further by Syracuse. The latter was finally adopted.

The officers were then conducted to their respective chairs.

It was voted that Esmarch's opinion of the treatment of President Garfield be placed on record in the next volume of Transactions.

Resolved, Upon motion, that a vote of thanks be tendered the retiring President.

Remarks upon surgical diseases and appliances were made by Drs. W. L. Tuttle, R. A. Gunn, and L. P. Grover.

The following was unamiously adopted:

Resolved, That this Society take this occasion to express its high sense of the labors and researches of Dr. Richard E. Kunze, in Medical Botany and the Reformed Materia Medica, and that we desire to perpetuate the results in our Scientific Literature.

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The Board of Censors made a final report recommending for membership Drs. G. W. Winterburn, and J. Meyer. The candidates were elected.

The Society adjourned to meet in Syracuse, the second Wednesday and Thursday of October, 1883.

J. Edwin Danelson, M.D., *Secretary.*

R. H. Owen, M.D., *President.*

ICE TO THE SPINE.

Dr. John Chapman, nearly twenty years ago, introduced a method of treating disease, by controlling the circulation of the blood, by applying ice to different parts of the spine. An ice-bag to the back of the neck, to prevent too great a flow of blood to the brain, and to increase it in the arms, and applied to the lower part of the spine to increase the circulation in the lower extremities. In treating epilepsy, the object is to lessen the excito-motor power of the spinal cord, and prevent spasmodic contraction of the cerebral arteries. To accomplish this apply the ice to the back, and keep the extremities warm; give pleasing employment to the patient, and dress the center of the back light and cool.

In treating paralysis he endeavored to restore the spinal cord to a healthy state by increasing or diminishing the circulation of blood in it.

This method of treatment, like most others, is valuable, in proportion as discrimination and good judgment are exercised in the application. It has been *used* by many, with beneficial results, and *abused* by some who, of course, have condemned it.

One of the principal reasons why it has failed to prove of benefit, if not really an injury, has been the too long-continued application.

Some years ago, we knew of a practitioner, who was advised to use Chapman's method to relieve some spinal difficulty. He made an ice-bag, the length of the lady patient's spine, placed her upon

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it, and kept her there for eight hours. Ever since then he has been a disbeliever in the ice-bag treatment—who wonders? The application should usually be for a short time only; for instance: if we wish to relieve any engorgement at the lower part of the body, we apply the ice to the lower portion of the spine, and as soon as we have a decided increase in the flow of blood to the legs and feet, remove the ice. If the physician cannot give it his personal supervision from beginning to end, it would be better not to recommend its use.

Attention is called to this because we have recent knowledge of some very blundering attempts with ice treatment of the spine.

TREATMENT OF BOILS.

℞.—Tint. arnicæ..... ..... ℥ ij.
Acidi tanici..... .....
Acaciæ pulv. aa..... . .. ℥ j. M.

Use as soon as prepared.

In the formative stage paint the boil and some distance around it until a thick coat is applied. It soon relieves the throbbing pain. In most cases the tenderness and swelling disappear without sloughing. If slough has formed it quickens the suppuration and favors speedy healing.

FOR BURNS AND SCALDS.

℞.—Ol. menthæ piperitæ.....
Glycerinæ aa..... ..... ℥ ij. M.

Apply with a pencil or soft cloth to the burn. It gives prompt relief from the suffering and often prevents scars. It forms a valuable application in nearly all cases where any liniment will be advantag eous.

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SALICYLATE OF POTASH.

℞.—Acidi Salycilici.....ʒ ij.
Potassæ Bicarb.....ʒ iij.
Aquæ.....ʒ ij. M.

This is an excellent remedy in rheumatism. Given in teaspoonful doses every two or three hours.

SALICYLIC OINTMENT.

℞.—Acidi Salycilici.....ʒ ij.
Rect. Spts.....ʒ ij.
Unguent. petrolii.....ʒ iij. M.

Thoroughly incorporate. It is stimulant and antiseptic, consequently is valuable in all wounds where cicatrization is tedious, or where stimulation or disinfection may be required.

SALICIN.

Salicin has been used by some Eclectic physicians for many years as a tonic and anti-periodic. But few, however, are aware of its value as an antiseptic. In all septic diseases and cases of disease dependent upon mal-nutrition there are but few remedies as beneficial.

Acting as a tonic to the digestive functions it seems to prevent the change of the sacharine elements into lactic or butyric acids. It is a reliable remedy in rheumatism and gout, in malarial as well as eruptive fevers, in tubercula, scrofula and in patients having a syphilitic taint.

In diphtheria given internally and topically applied to the exudation it is found to be a potent remedy.

Having prescribed the remedy every few days during more than twenty years in cases of mal nutrition and in cases of septic disease of every form, our confidence in its value remains unimpaired.

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MISCELLANY.

Antiseptics in Phthisis.—Dr. William Porter, Physician to Throat and Lung Department, St. Luke's Hospital, St. Louis, thus summarizes;

Proven, it seems to me, are these two propositions:

First. Phthisis is a specific disease from a specific cause.

Second, Phthisis may be produced by absorption of tuberculous matter in contact with the mucous membrane of the air passages or intestinal tract.

There is also evidence that the energy of this tuberculous matter is due to germ development and progression.

Hence the value of antiseptic influence in the treatment of phthisis, not only in the later stages during pus production and absorption, but also in the earlier process of infection.

One great demand is for that, which by local and internal use, may meet and destroy the septic agencies of disease. Such a remedy must be effective, unirritating and non-poisonous, susceptible of ready dilution and easy absorption, and withal inoffensive in odor and taste.

Carbolic acid and iodoform do not fully meet these requirements, and less harmful yet no less potent means of antagonizing contagion and putrefaction are finding favor.

The compound known as Listerine has for nearly two years served me better than any other remedy of its class, and in the treatment of phthisis, has almost supplanted in my practice all other antiseptics. In treatment of diseases of the upper air passages it is pleasant and does not irritate; in the fermentative dyspepsia so often accompanying phthisis it is safe and efficient.

It is the most powerful non-toxic antiseptic I have yet found.—*Lancet and Clinic.*

Phytolacca Decandra.—Phytolacca has been used as a remedy for diphtheria for a number of years, with greatly varying results. With some it proved to be a specific in the diphtheritic condition, while others could derive no benefit from its use, and hence declared it useless. But if phytolacca will cure diphtheria for one physician,

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will it not, under the same conditions and indications, cure for all who use it? Most certainly it will. There are two important points necessary to accomplish the desirable results accorded to phytolacca in the cure of diphtheria. First, there must be the indications for the remedy—diphtheritic deposits, fullness about the throat externally, and tendency to death of epithelium. Second, it is very important that we have a good preparation of phytolacca. With these two prerequisites I have never been disappointed in the action of the remedy.

But experience has shown me that it is not an easy task to obtain a good tincture of phytolacca, and the fluid extracts which I have examined were worse than useless.

To make a good tincture it is necessary to gather the root in October or November, and from dry land, as that grown on wet land will not yield a good article. The root should be cut in slices, and allowed to evaporate for twenty-four hours, then crushed or pounded, after which it should be packed in a percolator and covered with strong alcohol. After standing for twenty-four or forty-eight hours, the cork can be taken out and alcohol added, from time to time, until as many fluid ounces of the liquid are obtained, as there were ounces of root in the percolator. The tincture should stand tightly corked ten days, then be carefully filtered. Ten drops to a half drachm should be added to four ounces of water, and given in doses of a teaspoonful every hour or two.

It is also one of the best remedies we have in inflammation of the mammary glands; it should be used internally in the proportions above mentioned, and the tincture applied externally. This tincture when prepared as above directed, is of a clear amber color, pungent taste, and has the characteristic odor of the green root.

Through observation I have been convinced that fully one-half of the failures of intelligent physicians are owing to worthless remedies.

I have not prescribed the phytolacca put up for the market for several years, for the reason that I have not seen a good preparation of that article on sale; and I have had experience enough in making and prescribing tinctures, to tell a good one when I have examined it.—W. L. Marks, M. D. in *Medical Review.*

Worrying the Girls.—Some young men in Kent, England, have formed a society for the "Protection of the Natural Form of

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Women," and have bound themselves to "induce tbeir sisters, and all the ladies who are injuring their bodies for the sake of fashion, to sever the remaining link which connects the present generation with barbarism." One of the six laws drawn up is a pledge that each member shall be a "continual worry" to any individual neglecting the healthy advice of the society. We hail the news with great pleasure. The scheme of becoming a "continual worry" to any individual "neglecting healthy advice" is most frankly and engagingly put forward. We would suggest to the young ladies in Kent to form a kindred association, for the "cultivation of agreeable and healthy habits in men," directing their attention mainly to the injurious and ever-increasing habit of smoking, which not only narcotizes and stultifies the individual practicing it, but is noisome and offensive to the neighbors. If girls would organize themselves to be a "continual worry" to the juvenile smokers, who neglect the healthy advice of the society, an excellent sanitary and social reformation might be evolved, Arcadia might return, and Kent again become what it was in Cæsar's time. "the civilist place of all this isle."—*Herald of Health.*

A Case of Hermaphroditism.—On Monday last one of the patients in the British Lying-in Hospital was delivered of a living child, which upon examination was found to present the characteristics of so-called spurious hermaphroditism: When the child was seen two days after birth the condition of the external genitals was found to be as follows:—There is a large penis or clitoris, with a prepuce bound down by a strong frænum. Immediately below this is a small canal capable of admitting a good-sized probe,, and from which urine is voided. The penis (?) is of natural size for a newly-born infant, and presents at the apex a well-marked depression, resembling the external urinary meatus. The scrotum (?) is divided, and resembles the female labia, but no trace of testes can anywhere be discovered. So equivocal are the appearances that it is at present impossible to determine the sex of the child. Dr. Fancourt Barnes, whose patient the mother is, seems to incline to the opinion that the type is rather feminine than masculine. If the child live, it will in all probability be shown to the members of the Obstetrical Society, when the problem of the sex may be solved.—*Lancet.*

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ODE TO CARBOLIC ACID.—Impromptu lines on reading a telegram that the wounded in Egypt were treated antiseptically:

Now war is o'er, and times are placid,
We'll sing of thee, carbolic acid!
Thou art the friend I would repair to
For many ills that flesh is heir to.

Our fathers knew thee not, but tried
Their remedies with guesses wide;
None approached to thee at all, some.
Used, however, Friar's balsam.

I proved thee first in '67,
The wounded bless'd thee as from Heaven;
They lauded thee in grateful terms,
Yet knew no theory of germs.

Should dreaded fever now appear,
And friends avoid the place with fear;
With thee we'll dire contagion meet,
Confining it with sprinkled sheet.

Against pyæmia, putrescent fever,
We hold in thee a mighty lever;
For sarcinæ and ailments peptic,
All hail to thee, great antiseptic!—*The Lancet.*

COMA IN INEBRIETY.—*Coma* from excess of alcohol is often very difficult to distinguish from other forms of unconsciousness. Many grave blunders have been made by men distinguished for accurate diagnosis. The odor of spirits is a valuable aid, but not to be exclusively depended upon in the diagnosis. The absence of paralysis, the presence of a complete muscular relaxation and anæsthesia, and the lowered pulse and respiration, are all very significant signs. A low temperature which according to the best authorities ranges in the latitude of five degrees below the normal standard, is not absolutely peculiar to this state but as a rule either points to this condition, or that of uræmic poisoning.—*Quarterly Journal of Inebriety.*

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THE SOIL AND SCARLATINA.—Dr. Eklund, of Stockholm, Sweden has for several years devoted much time to the pathology and etiology of scarlatina, and has reached conclusions of high practical importance in the light they throw upon the connection between bad drainage and other insanitary conditions and outbreaks of that disease without actual infection. He has constantly found a prodigious number of discoid bodies in the urine of persons suffering from scarlatina, and most positively asserts that he has also noticed those identical organisms in vast numbers in the soil and ground-water of the Isle of Skeppsholm; in mud from the trenches, dug for the water-mains; and among the greenish molds of the walls of the old barracks, where scarlatina was most rife. He furthermore alleges cases of scarlatina occurring in children after drinking milk mixed with the ground water of the island, and one case which followed an immersion in one of these trenches, and the drying of the child's clothes in a small room. In still another case scarlatina broke out in a block immediately on the exposure of the ground-water by excavations around. These observations, however, and those of other persons who have found micrococci in the animal fluids in scarlatina, even if the organisms are observed to be invariably present, cannot be held to prove that they are the cause of the disease till the fact has been directly verified by inoculation into a healthy body carefully isolated from all other sources of infection.—*Popular Science Monthly.*

A NEW METHOD OF MAKING SPONGE-TENTS ASEPTIC, by Dr. Ernst Fraenkel, No. 32, *Centralblatt fur Gynakologie*, 1882.—In this contribution the author, after briefly referring to the advantages possessed by sponge tents over tangle or tupelo tents, provided their greater tendency to sepsis could be obviated, draws attention to a method of rendering sponge aseptic proposed by Dr. A. H. Smith, Philadelphia. This consisted in first covering the sponge with a thin film of soap, and then rolling it in finely powdered salicylic acid. Instead of the salicylic acid the author proposes to use iodoform, which has proved very satisfactory in certain cases. He first rubs the tent with salicylic wool, and then rolls it about in coarsely powdered iodoform

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until the entire tent is thickly and equably covered with a layer of the iodoform. The tent is then introduced into the cervix, and the upper part of the vagina is carefully packed with iodoform gauze. In addition to these precautions, however, the author insists upon the most careful disinfection of the hands of the operator, all instruments and other things used in the cases.—*Edinburgh Journal.*

A New Wrinkle in Hypodermic Medication.—Dr. Huse says that mechanical causes are doubtless at the bottom of the abscesses produced by hypodermic injection. He says, *Medical Journat and Examiner*) that the cause is purely mechanical· He seems to leave out of consideration the character of· wound which the nozzle of the syringe makes, the idiosyncrasies of the patient, and the irritant nature of the chemical injected; but laying aside this, the suggestion he offers for preventing the introduction of foreign matter is a good one. He advises the placing of a very small pledget of carbolized absorbent cotton into the upper cap of the syringe. The liquid being introduced, the cap is screwed on and the air expelled by pointing it upward, and slowly pushing the ·piston forward till the last bubble escapes. The minutest particle of foreign material is thus caught in the meshes of this improvised sieve.—*Chicago Med. Review.*

Professor Esmarch, the celebrated German surgeon has published the lecture delivered by him at Kiel, on the treatment of President Garfield's wounds. He maintains that the injury was not mortal, but the death was caused by carelessness in the application of antiseptics. He would have had the surgeons refrain entirely from searching for the bullet, and content themselves with a rigorous antiseptic treatment, as did Langenbeck when the Emperor of Germany was wounded.—*Health Monthly.*

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NEW PUBLICATIONS.

ASTHMA*

This is the September volume of Wood's Library of Standard Authors.

The Author, after a preliminary inquiry into the tenability of the theories of asthma, gives its pathology and absolute nature. He regards it as essentially a nervous disease.

In the clinical history an elaborate description of the phenomena of the asthmatic paroxysm is given, also the periodicity, habitude; change of type; tendency; influence of sex and heredity.

The chapter on consequences of asthma is especially valuable.

The narrative of cases, what has proven beneficial and what injurious, is, of itself, worth more than many volumes of theorizing guess work. We recommend the work to every medical student.

NITRO-GLYCERINE.†

This work of 78 pages gives a history of Nitro-Glycerine, its discovery, method of preparation and the provings of its therapeutic action. Twelve cases of Angina Pectcris are reported with details for which the Nitro-Glycerine was administered with remarkably beneficial results.

Sphygmographic tracings are given showing the similarity of action between nitro-glycerine and nitrite of amyl in causing a dicrotic

* Asthma: Its Pathology and Treatment. By Henry H. Salter, M.D., F.R.S. New York: Wm. Wood & Co., 1882.

† Nitro-Glycerine in Angina Pectoris. By Wm. Murrell, M.D. Detroit: Davis, 1882.

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form heart-beat. But as the nitrite of amyl is very transitory in its influence the nitro-glycerine is to be preferred in cases like angina pectoris where the conditions of relaxation and dicrotism are to be maintained for some time. A preliminary course of camphor water is recommended and then commence with the nitro-glycerine in one-half minim doses of the one per cent. solution every three hours, increasing the dose carefully as may be necessary.

The nitro-glycerine pilules made by Parke, Davis & Co., and also Martindale's nitro-glycerine tablets made with chocolate are recommended as reliable and convenient.

The book is worth much more than its cost to any one who wishes to understandingly use nitro-glycerine in this distressing disease.

"PASTEUR'S DISCOVERIES IN DISEASE PREVENTION."*

The author of this little pamphlet earnestly and energetically criticises the unscientific and irrational theory lately advanced by Pasteur of *cultivating virus* for prophylactic purposes in preventing anthrax. He shows the absurdity, as demonstrated by tests instigated by the Royal Hungarian Ministry, of heralding hypotheses as scientific facts, before sufficient experiments have proven them as such; and above all he emphasizes the danger and crime of inoculating man or beast with poisons, and thus invoke diseases that are not. He cites facts and figures to sustain his position that cannot be gainsaid, and we would recommend its perusal to every earnest seeker for truth.

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* Remarks on Pasteur's Discoveries in Disease Prevention. By J. Dobson, M.D., F.A.S. Fairfield. Conn: Fairfield Job Print. Price 15 cents.

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The Medical Tribune.

VOL. IV DECEMBER, 1882. No. 12.

A SEDUCTIVE DRUG.*

OH, that men should put an enemy into their mouths to steal away their brains.—OTHELLA.

They are drunken but not with wine; they stagger but not with strong drink.—ISAIAH.

The power of certain drugs to create an appetite, which only a constant iteration of the dose will satisfy, an appetite so imperious as to be well-nigh irresistible, is well-known. Among these may be mentioned hashish, arsenic, alcohol, tobacco and opium. To this last I now desire to call your attention; to sound a note of warning against the alarming yearly increase in its use; an increase which now demands ten pounds where one sufficed ten years ago.

We all know that opium is the crystalline liquid that exudes from the capsule of the poppy, and was denominated by Galen as—Lachrymæ Papaveris—poppy tears: and that it is used in the form of paregoric (*Tinctura opii Camphorata* = gr. ij—℥ j.), laudanum (*Tinctura opii* = gr. 37½—℥ i.), Dover's powder (*Pulvis ipecacuanhæ compositus*), and morphine (*Morphiæ Sulphas*), and that of these, the last mentioned is by far the most commonly prescribed. Besides these, there are many proprietary preparations whose chief medicin value, if they have any, depends upon this drug.

*An address delivered before the National Eclectic Medical Association, at New Haven, Conn., June 21, 1882.

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Like aloes, opium comes down to us through the centuries. Nine hundred years before Christ, Homer speaks of the poppy as a familiar garden plant. Livy relates that it was a conspicuous feature in the gardens of Tarquinius Superbus. Hippocrates, Catullus, and Plato understood its peculiar virtues; and Virgil mentions the offering of the poppy to the gods for the repose of Orpheus—*Inferias Orphei lethœa papavera mittes.*

In the Greek mythology Cybele, mother of the gods, is represented as wearing a wreath of poppies, a symbol of fecundity; and the Romans described Ceres, the goddess of wheat, as bearing the opium capsule in one hand and her scepter in the other. Somnus was delineated as reposing on a bed of snowy poppies, and Ovid thus speaks of Night,—

"*Interea placidem redimita papavera frontem.*"
"*Nox venit, et secum somnia nigra trahit.*"

While Egypt, the mother race, more than thirty centuries ago introduced the poppy-extract to the world, and it thus became a constituent of that renowned cordial of Helen of Troy, yet it was Persia, and, later, the Moslem that kept this knowledge alive; and it was not until the tenth century that it travelled into China. Carried over the great wall by the Tartar hordes, it was slow in fixing itself as a national habit. So slow, indeed, that eight hundred years after (1767) the importation only amounted to two hundred packages (caissons). From this date, however, it grew with astonishing rapidity within a century to seventy-five thousand packages, and now (1881) to more than one hundred thousand, equalling fifteen million pounds; beside a large home production estimated as twenty-five per cent. of the importation.

Paracelsus introduced it into Europe about two centuries ago, and it gradually spread through Germany and to England. Except in the large French cities, notably Paris, it has never assumed the proportions of a national want on the continent; but in England the demand has grown with fierce rapidity, so that now England consumes more than all Europe besides.

The importations into Great Britain for home use amounted in 1800 to five thousand pounds, in1820 to fifteen thousand, in 1840 to forty thousand, in 1860 to one hundred thousand, and in 1880 to two

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hundred and forty thousand. In Lancashire alone enough is sold to provide every man, woman, and child in the shire with a drachm of laudanum every day in the year. Thus England reaps the whirlwind she sowed in China.

In the United States previous to 1840 the opium-habit was almost unknown. The few exceptions, like John Randolph, of Roanoke, only serve to emphasize the rule. Now, there is scarcely a village in the entire expanse of our broad domain, from Maine to the Golden Horn, without its opium devotees. From whence comes this fearful scourge; a scourge which destroys as many lives as all the zymotic diseases together.

Opium inebriety is a topic which has received from the medical profession but a moiety of the attention which it deserves. Our literature is meager, and but few physicians are familiar with what we have. And yet the evil is wide spread as I have stated, and is spreading year by year. That opium is employed largely in excess of any legitimate therapeutical demand is admitted by even so careful an observer as Dr. E. R. Squibb, of Brooklyn, N. Y., who supposes the importation of opium and opium products to exceed two million dollars in value, in excess of the quantities required to fill physicians' prescriptions. Another careful statistician reports more than a quarter of a million confirmed opium inebriates in the United States.

Now from whence comes this immense army of unfortunates. Undoubtedly not a few resort to the use of opium as a palliative of the nervous affections induced by sexual abuses, alcoholism, and other excesses; but this unfortunately accounts but for the stragglers in this great army. Dr. Parrish says "Men take it not from choice, but from a physical necessity." And this physical necessity arises from its incautious employment by physicians everywhere. Speaking on this very point, Dr. Van Dusen says, "for the primary induction, the stated physician is so commonly responsible, that the *onus probandi* in exculpation rests upon him, by all fair presumption." This is a severe charge to bring against the profession and one that should not be made unless susceptible of indubitable proof. That this drug is used not only incautiously but even recklessly by a large part of the medical profession is too evident to be denied. For every little pain and ache out comes the hypodermic syringe. Instead of more philosophically removing the cause of the pain they simply cover it up by putting the patient to sleep. Having learned how expeditiously

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and easily the pain may be removed, the patient, who, as a rule, knows nothing of the danger of continued taking, repeats the dose. Unwarned by his medical adviser, this goes on until the unsuspecting sufferer is aroused by a sense of helplessness to a realization of the dreadful fact. Not only is this true of the laity but even in the profession there are many who thus trifle with the destroyer in their own persons until they become helpless.

The danger thus wrought is far from fanciful, and it is an important question whether the harm thus induced does not greatly overbalance the advantages gained by legitimate use. Whether the world would not be better physically and morally if opium was banished forever from the face of the earth. Whatever might be the answer to that inquiry, it is certainly the province of wise professional oversight to guard our patients from the mental and physical suffering induced by this form of inebriety. The patient is in danger from the very first dose. For it is astonishing how soon, in some instances, opium will prostrate the will and defy all self-effort at abandonment. This fact must not be ignored that the habit once formed, becomes a disease not only of appetite but of the will, and, as in alcoholism, the patient is unable to free himself from this vicious propensity.

I do not propose to occupy time relating instances of this habit. There is not a physician in active practice in any part of the country who has not abundant opportunity for personal investigation of these effects. There is not a physican but who finds his efforts to cure chronic diseases constantly baffled by the effects of opium upon the system. For it is not alone those who are degraded to inebriety that feel the baneful effects of this drug. It is its nature to interfere with the action of every other remedy, to make chronic diseases more obstinate, to stand between patient and physician as an obstacle to cure. This is the case not only when taken in the immense doses of the confirmed inebriate but also when given in what are called moderate and safe dosage.

While it is harmful to all it is infinitely more so to the young. There is a triad of infant murderers, and their names are Godfrey's Cordial, Paregoric, and Mrs. Winslow's Soothing Syrup. The two former are harmless compared to the last mentioned, which contains a grain of sulphate of morphia to the ounce. That each of them cause many deaths annually both directly and indirectly, and induce weakened health of the body and brain to a much larger

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number than are killed outright, are undeniable facts; but for murderous efficiency Mrs. Winslow bears the palm. No punishment in this world or beyond the grave is too severe for that person who revelling in the ill-gotten wealth secured under a fictitious name and by false pretenses, has murdered, as surely as if she had herself plied the dose, so many thousand of her little countrymen. Only those who have had experience in the tenement house districts of our large cities can realize the enormity of this crime. Many a little sufferer whose demise is chronicled in the records of the Board of Health as from meningitis, marasmus, dysentery, or fever was killed by the slow undermining of the constitution by one of these opiated preparations.

These mixture are used, in a vast majority of cases, because they are supposed to be harmless. Many do not known that paregoric contains opium, and many a mother who would look upon a doctor who gave her baby morphine as a very bad man, gives that same baby paregoric by the teaspoonful. The remedy would be to require every bottle containing any preparation of opium to have affixed there-to a label stating the fact and a caution against large doses or habitual use. Or better still prevent the sale of opiated mixtures except on a physician's prescription.

One instance will illustrate this observation. A very intelligent woman the daughter of a well-to-do farmer, and the wife of a boss painter, living in comfortable circumstances, and the mother of two lovely children, told me a few days since how fond her baby—four months old—was of Mrs. Winslow's Syrup. "Why," said she "she will get so mad if I don't give it to her, and scream and kick all the morning." I suggested that perhaps she was in pain. "Oh, no she ain't, its just temper, she likes the syrup so much." Inquiry developed the fact that when the child was about two weeks old it was troubled with insomnia, and the mother gave the syrup, to make it sleep, supposing it was harmless. Now, so used had it become to its effects that one teaspoonful simply made it good natured, and it would take two or even three (morphine gr. $\frac{2}{3}$.) teaspoonfuls to make it sleep. What would be the chances for a child so habituated to the use of opium, if ever seized with cholera infantum or pneumonia? On explaining to the mother the peril she was incurring for her child, and the nature of the drug she was using, she promised to wean it rom it—"as soon as the house-cleaning was through with."

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But important as this view of the mis-use of opium is, it is rather my purpose to direct specific attention to the intentional inebriant effect produced in adult life.

Opium is classed as a cerebro-spinal stimulant but it is only a stimulant in the sense that alcohol is a diffusible stimulant, both of them being ultimate paralyzers of sensation, secretion and consciousness.

Alarming and frequently fatal as are the primary toxic effects of undue doses of opium, they do not fall within the scope of our present inquiry, nor are they to be compared to the pernicious results following in the trail of its habitual employment as an inebriant. The stooping figure, the shuffling gait, the drooping eyelid, the glazed dull eye, the wasted form, are wonted signs of the physical decrepitude induced by this accursed drug, bnt these even do not excite the pity or abhorrence of the beholder as the contemplation of the moral obliquity induced. Where opium enters in there conscientiousness walks out. All opium eaters are chronic liars. This moral turpitude is probably caused by the direct influence of the poison on brain tissue.

If, then, the consequences of this practice be so disastrous alike to body and mind, what need there is for carefully guarding those committed to our care as patients, from the temptation to form the habit. How is this to be done?

First.—Diminish, as far as is possible, the frequency of prescribing opium. Unquestionably opiates are often prescribed as a mere convenience to cover up the ignorance of the doctor, or to gain time to watch the evolution of symptoms. The hypodermic syringe makes the administration so easy, and its effects are so quickly manifest, that the physician is often tempted against his own judgment to use it. Once used, both patient and his friends are clamorous for its repetition. In fact, it may well be doubted if the unquestionable good the hypodermic method has produced is not more than overbalanced by the ruin it has wrought. Certainly its use by the non-professional should be discountenanced. The physician who permits a patient to learn how to manipulate the hypodermic syringe has put into his hands a servile slave who may soon become an imperious master. The carelessness of many physicians in this respect is only equalled by those who indiscriminately order the use of alcoholic stimulants.

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Second.—In many cases where anodynes may seem requisite, other remedies will often be indicated and act better than opiates. In typhoid fever and in intermittents simple sugar water (one cube of white sugar to two ounces of water) taken in occasional sips will often induce refreshing sleep. Insomnia from business worry, and during convalescence, when not caused by pain, will frequently be relieved by adding to a drachm of coffee as ordinarily prepared for the table, four ounces of cold water, and giving this mixture in teaspoonful doses every ten minutes until sleep is induced. Often a single teaspoonful will lull the patient to sleep in six to eight minutes. Scutellaria, musk, nux vomica, chelidonium, phosphorus, cypripedium, valerinate of zinc or ammonia, sumbul, coca, eupatorium aromaticum, phosphide of zinc, cimicifuga, bromide of lime or of camphor, aconite, pulsatilla, and many other remedies induce somnolency and remove the pains, nervousness, melancholy and hysteric conditions that accompany or cause sleeplessness.

The doctor who depends upon opium alone to remove pain and induce sleep has not yet studied materia medica to much advantage.

Third.—Even in cases where opium seems the best indicated remedy it ought not to be given continuously. As soon as a small dose fails to give relief its use should be intermitted for a time, and some other anodyne given in its place. At the same time it cannot too strenuously be emphasized that it is the physician's duty to cure the disease, not merely to lull the patient to sleep.

Fourth.—Compel your patient absolutely to abandon the use of opiates as soon as the necessity for them passes. I never use them, but those of you who do, should see to it that it does not become a habit. Neglect of this precaution may make you an accessory before the fact to a wretched, squandered life.

Fifth.—The law regulating the sale of opiates should be made more strict. Druggists should be prevented by law from renewing prescriptions containing opium in any form. If this were done, and all proprietary preparations properly labeled, and physicians did their duty to their patients in warning them against this dangerous and seductive drug, the opium habit would die out of the land.

Geo. W. Winterburn, M.D.

360 West 23rd Street, New York City.

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*EUCALYPTUS GLOBULUS.**

The Eucalyptus Globulus is a native of Australia, and belongs to the natural order of Myrtaceæ—the same order that gives us our clove, cajeput, and pimento. The flora Australiensis informs us that there are one hundred and thirty-four species as natives of that continent, and only two or three species are found to grow in any other land. Most of these species secrete a resinous substance, and are, consequently, known to the inhabitants of Australia as "gum trees." A few of the species I will name: The E. Piperata, E. Robusta, E. Colophylla, E. Manna, E. Corymbosa and the E. Resinefica. The common name of the latter species being the white gum-tree of Van Diemen Land. The Colonists classify them by the bark which is either smooth, rough or scaly. Species of the Eucalyptus not only exist in Australia in great profusion, but form the largest trees of the forest in that part of the world. A modern writer upon the plants of Van Diemen Land says: "The Eucalyptus seems as if it had taken undisturbed possession of those Australian regions clothing as it does with a stupendous mantle, the surface of Van Diemen Land and New Holland, while the intermixture of other plants which this lordly tribe permits, is, compared with its own great extent, but small and partial. Wherever you go, one species or other is constantly before you." These trees are not only magnificient in appearance, being an evergreen, but they are gigantic in size, growing frequently from two to four hundred feet in height, from thirty to sixty feet in circumference, and from fourteen to twenty feet in diameter. They often become hollow, and are then used by the traveler as places of shelter at night. The Eucalyptus is also one of the most valuable trees which grows on that continent, on account of its great strength and durability. The bark of the species known as the E. Resinefica is so hard that the inhabitants of that country call it "the iron bark tree." The leaves which contain the medicinal virtues of the tree are always large, or rather long in size, and are so very variable in

* Read before the Eclectic Medical Society of the State of New York, Oct. 19, 1882.

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form and other characters, at different ages of the tree, or in different situations, that it is a matter of difficulty to know how they are to be botanically distinguished from each other. In fact the subject of the distinction of species has hardly yet been taken up; no botanist feeling competent to undertake the task without a better acquaintance with the plants in a native state. One great peculiarity of the leaves of the Eucalyptus while growing, is that they do not present one of their surfaces to the sky, and the other to the earth as is the case with the trees of Europe and America, but are arranged with their faces vertically, so that each side is equally exposed to the light, thus giving it a strange but beautiful appearance.

The properties of the Eucalyptus Globulus are tonic anticatarrhal, antiseptic, antiperiodic and diuretic. "It is from the leaves and flowers that the medicinal portions are obtained. Still the wood contains them all, but in a lesser ratio, and less available form." Many physicians suppose the active medicinal principle is found only in the resin, or oil contained in the plant, but we have evidence that an infusion of the leaves cures equally as well as the tincture or the fluid extract. It is, I believe, an undisputed fact, that tinctures and extracts made from the leaves of trees growing in Australia, where they are indigenous, are far preferable and act more promptly than those made from trees grown in California and other countries where they have been transplanted or grown from the seed. Besides its therapeutical value, of which we shall speak further on, the tree in its living presence is invaluable as a prophilactic to certain diseases arising from exposure to malarial miasm. Sections of land that were untenable, owing to malarial influence, have been rendered healthy, the land has become beautiful, and miasma has forever ceased to exist by planting the Eucalyptus trees in such neighborhoods. There are two causes which are supposed to produce this result, the first being their rapid growth. In Florida a growth of five feet in four months has been recorded. In California a growth of forty feet in height, and one foot in diameter, has been obtained in four years. This extraordinary growth must furnish a rapid drainage to the neighboring swamps. Dr. Zimbert by a mathematical calculation states that the Eucalyptus tree draws ten times its own weight in water from the soil in which it grows, every twenty-four hours. Second: the balsamic aroma given out by these trees, destroys or nutralizes the miasma, with which the air is impregnated.

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With these remarks I will make no further draft upon your time and patience in tracing the history of this valuable and comparatively new remedy, but will at once proceed by reports of cases treated, and by my own experience, to an investigation of its therapeutic action and uses, which to us, as physicians, is of far more practical value.

"The first experiments upon its anti-febrile properties were made by Dr. Tristany, in Spain, in 1871. They were corroborated by the trials made by Bumel, of Montivedio, and since then by the leading practitioners of most civilized countries." Before proceeding further I will just note that Dr. Logan, of Kern County, California, after giving the anti-malarial influence of the Eucalyptus a fair trial upon his own form says: "This is cultivated by two Chinese companies; one company lives on the North, and the other on the South end of the premises about three-quarters of a mile apart. The localities inhabited by both parties are favorable to the development of malaria, and as might be expected, they have every year during the heated term, suffered with malarial fever. Last winter we determined to test the much-vaunted virtues of the Eucalyptus. In February, we gave to the party at the North end two ounces of seed, with directions that they should be planted near the house. They germinated finely, and produced several thousand of the young plants, but the frost killed most of them. About 1,200, however survived. These, when the heated term had commenced, had obtained a height of about two feet, and emitted a strong aromatic odor, perceptible at a distance of a hundred yards. In due time the parties at the south end were visited by their usual mildly distressing fever, but up to the present time (about the middle of the season) we have looked in vain for the first symptoms to develop in the other. They are all, to their own astonishment, in robust health. These trees now average about three feet in height, and the atmosphere of the houses is strongly impregnated with their odor." The doctor then adds: "that though carefully searching for hygienic causes other than the Eucalyptus, none could be found." He has since planted all the waste places of his farm with the trees, so firmly does he believe in their antimalarial influence. Doctor Wooster, of San Francisco, California, in a report of 136 cases of various diseases treated exclusively with fluid extract of Eucalyptus Globulus gives the following results:

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Remittent fever cases 5: cured 5.
Intermittent fever: cases treated, 9; cured 9.
Typhoid fever: cases treated, 9; cured 9.
Nephritis: cases treated, 4; cured, 3; improved, 1.
Diuresis: cases treated, 10; cured, 7; improved 3.
Incontinence of Urine: cases treated, 3; cured, 3.
Vesical Catarrh: cases treated, 27; cured 25; improved, 2.
Blennorrhagia: cases treated, 13; cured 10, improved 3.
Valvular disease of the heart: cases treated, 7; cured, 0; improved, 7.
Dysentery: cases treated, 4; cured, 3; improved, 1.
Chronic Diarrhea: cases treated, 13; cured 9, improved, 4.
Gonorrhea (syphilitic) cases treated, 15; cured 10, improved, 5.
Dropsy: cases treated, 6; cured, 3; improved, 3.
Of the whole number of cases, 106 were cured, and 29, improved."

Dr. Keller, Physician-in-chief, of the Australian Railway Company, reports the following cases, with results, as treated with Eucalyptus. The total number of malarial cases was 432. Of these, 310, or 71.76 per cent. were cured; 132 required a supplementary course of Quinine. Of those cured (310) 202 needed but a single dose of the remedy (the tincture); and the remaining 108 cases had one or more subsequent paroxysms. Quinine had been given previously to the Eucalyptus in 118 out of the 432 cases. Of the 122 cases in which the remedy failed, 58 were cured with Quinine, 10 were sent home, 16 remained under treatment, and 18 remained in *statu quo*. Out of the 118 cases in which the Quinine had been previously given but failed in arresting the disease, 91 recovered under the influence of Eucalyptus, the remaining 27 were not benefited. The several types of fever were as follows: Complicated quotidian 117: simple, 73; total, 190. Complicated tertian, 126; simple, 95; total, 221. Complicated quartan, 16; simple, 4; total 20. Complicated quintan, 1. The complications were splenic and hepatic engorgements, anæmia, chronic gastric catarrh, paludal cachexia, etc. The remedy proved itself successful in 161 (61.9 per cent.) of the complicated cases, and in 149 (86.6 per cent.) of the simple cases. Cures classified according to the types, we find successes in the tertian, to have been 75.57 per cent.; in the quartan, 70 per cent. The remedy, in a single dose, arrested the disease in 107 simple, and 95 complicated cases. The

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treatment was generally commenced on the fifth day after the paroxysm, and the average duration was but 9½ days, whereas, in previous years when quinine was employed 12½ days was the average time of treatment. The tincture was made by macerating the leaves in alcohol for three months Ten pounds of the leaves yielded twenty-five quarts of the tincture. The average dose was two drachams, and the average quantity used per patient was seven drachms.

Dr. Talbot, of Ohio, gives us the following cases as a representation of what the Eucalyptus is doing for him in malarious cases. "Mrs. V., aged 38, a farmer's wife, very much emaciated, having suffered from intermittent fever for several months, which had assumed the double quotidian type. For the last ten days she was not able to be out of bed. The paroxysms came on regularly at 7 A. M., and 10 P. M., and were accompanied with very slight chilly sensations and some coldness of the feet, followed by very high fever and profuse perspiration. I gave her very large doses of Quinine without any effect; also gave Arsenite of Potash with the same result. I then gave sixty drops of fluid extract of Eucalyptus every hour and a half, commencing in the sweating stage, and continuing it until the time for the next paroxysm. She did not have any return of the disease, and has continued well ever since. Mr. C., aged 25, German baker, had been treated for remittent fever for eight days, by my friend, Dr. B., of this place, and he had been giving him very large doses of Quinine, without interrupting the paroxysms. He became dissatisfied and sent for me. I gave him sixty drops every hour and a half of the fluid extract of Eucalyptus, commencing during the sweating stage, and continuing until he had six doses. He had no more fever, and commenced his usual occupation in a few days."

Dr. Leary in a recent discussion before the Kings County Medical Society, says: "that for four years I have used it as nearly a specific in gonorrhæa. I noticed then its great diuretic powers, and have since given it in ten minim doses of the Fluid Extract, in cases of dropsy, and always with benefit."

Dr. Walcher in the *Gazette Medicale de Strasburg*, February 1, 1877, says of this remedy: "I have employed it with benefit, in doses of from two and a half to five drachms per diem, in cases of chronic bronchitis in old people, and in a case of pulmonary gangrene, that

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recovered." He then tried it in several cases of croup, and it succeeded beyond his expectations; in one case the coat of the entire tracha, and the first and second bronchial bifurcations were coughed up, and the patient, a child, five years of age, recovered.

Dr. A. B. Woodward, of Tunkhannock, Penn., with whom many of us are acquainted, speaking of the Eucalyptus Globulus, says: "I have used it extensively in malignant scarlet fever and diphtheria, and when the medicine is pure and good, it will change malignant types into simple types in a very short time, and stop the putrid scent so often present, within twelve hours."

Professor John E. Brasket, of Horward University, Washington, D. C., has reported sixteen cases of chronic malarial poisoning, that had resisted all other treatment in the wards of the Providence Hospital, that recovered under the use of the Eucalyptus.

Dr. Mulheron, of Detroit, has used it in severe cases of cystitis, and cured his patients when all the ordinary remedies had failed.

Dr. I. C. Skene, in his work on diseases of the female bladder and urethra, recommends it in obstinate cases.

With these remarks regarding the history of the Eucalyptus Globulus, and its therapeutic uses in the hands of others, I will give my own experience. I have used the remedy in my practice for about three years. I have given it in many cases of sickness, but principally as a febrifuge, and as an anti-malarial agent; I have no reason to find fault with its action, for where I have prescribed it, and a good article has been furnished, it has always given relief to the patient, and satisfaction to myself. The first patient on which I had occasion to use the Eucalyptus, was a Mrs. J., of East New York. She had been afflicted with chronic malaria, for about eighteen months. She had no perceptive chill, but in its place a peculiar yawning sensation, coldness of the feet and hands, with aching of the feet and limbs. These symptoms were succeeded by a high fever, and a severe headache, which lasted some three or four hours, and were followed by a profuse perspiration. She was pale and anæmic, with no appetite, depressed in spirits, and was very much out of sorts. The above symptoms were present every day but were all much aggravated on the alternate days. I gave he Quinine in both small and large doses, without any apparent benefit; I also prescribed for her the Chinoidine pills, which were taken

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with no perceptible relief. I then ordered for her the Compound Tincture of Cinchona, which was followed up for at least two weeks with no interruption of the fever. As a last resort, in this unusually obstinate case, I prescribed eight drops of Fowlers' Solution, three times a day after meals. This also after a fair trial failed to give relief. I had read of the virtues of the Eucalyptus Globulus, in just such cases, and I resolved to test the medicine upon this patient. In accordance with this resolution I wrote the following prescription:

℞.—Fluid Ext. Eucalyptus Globulus.....
Glycerine.....
Simple Syrup. aa..... ℥iv M.

Sig.—One teaspoonful once in four hours.

She had no fever or perspiration after the first dose. I ordered her to continue the medicine until all was used. She was soon restored to her usual health. This prescription permanently cured her.

I soon had another opportunity of clinically testing the curative power of this medicine.

I was called in council to see a woman suffering with typhoid malarial fever. The patient was 75 years of age, and had been under treatment for four weeks. At the time I first saw her she was greatly emaciated. The pulse was, 110; temperature, 104; no appetite, headache, with extreme prostration. The fever was of the remittent type. I learned from her physician that all the usual anti-malarial, anti-periodic and fever remedies had been given her without any marked benefit. The disease was complicated with a congested condition of the lungs, cough, shortness of breath, etc. I advised an expectorant for the cough, when troublesome, and ten drops of the fluid extract of Eucalyptus Globulus to be given once in four hours, with the recommendation that it be increased one drop daily until fifteen drops had been reached, and then to continue it at that.

I met her physician daily, and watched the patient closely. The fever gradually subsided, and at the end of one week it had entirely disappeared. The patient rapidly convalesced. The attending physician and myself agreed that the cure was chiefly to be attributed to

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the Eucalyptus given. I have treated many cases of different forms of fever with this remedy with like results. With these remarks upon this comparatively new remedy in fever, and thanking you for your patience in listening to the contents of this paper I will close.

D. E. Smith, M.D.

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WHOOPING-COUGH.

Among the common diseases to which children are subject, there are none about which more uncertainty seems to prevail, or upon which there exists a greater diversity of opinion than that of whooping-cough. Those who have written upon this subject differing upon almost all essential points. Concerning the contagious or infectious nature of the disease, there is no dispute, as the proof upon this point appears to be overwhelming. Regarding the cause and nature of the infection, opinions differ widely; numerous causes being assigned, from that of a fungus growing upon the skin of oranges or apples as advocated by Torchamer, to the malevolent bacteria, which plays so prominent a part in modern etiological investigations. From the fact that bacteria are claimed to be present in so many of the contagious and malignant diseases, their presence, even if proven would seem to have but little significance as cause, and to be of importance only from the possible connection between their presence and the malignancy of the disease. As yet, the origin of the zymotic diseases is involved in mystery, the fact of their being propagated by specific germs, which from their minuteness, it is impossible to investigate, being the only well based assertion. The germ giving rise to whooping-cough, is of the same nature as that causing the other zymotic diseases, a close resemblance existing between them all, and a decided kinship is claimed between whooping-cough and measles. An individual suffering from one of these diseases has a special predisposition to the other, although

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it is undoutedly true that the poison giving rise to diseases of this class is specific and inconvertible, and that it never springs up *de novo*, but requires a previous source of infection.

The pathological character of the disease is equally an open question, as to whether the seat of the disease is in the nervous system, or in the mucous membrane of the larynx. Upon this point, the preponderance of evidence seems to be with those who regard it as of neurotic origin, and hold the catarrhal irritation to be a secondary and accessory condition, the result of a primary nervous derangement; the initial point of the disease being a lesion of the par vagum nerve. Even in the early, or so-called catarrhal stage, the nervous irritation is apparent in the paroxysmal character of the cough, which is an indication of the nature of the disease. Later, the nervous character becomes more marked, and there exists the apnœa and spasm of the larynx, and in many instances a premonitory aura is felt, foretelling the onset of a paroxysm.

The character of the disease prognostically is another point upon which authors are widely at variance. Some, and perhaps a majority, regarding it as favorable, a disease of small account, while others look upon it as an extremely fatal malady. In general, it is looked upon, I think by parents, as a disease in which physicians are of little avail, and which must run a definite course, being only moderately, if at all dangerous. The reverse of this is true, however, for in whooping-cough we have not only an annoying and persistent, but an exceedingly dangerous disease with which to contend. Aside from the tendency to develop bronchitis, or bronchopneumonia as an accompaniment which is characteristic of the disease, and the liability to the later development of miliary tuberculosis, from the morbid material remaining after the disappearance of the whooping-cough, the disease is to be regarded as prognostically serious. A comparison of the record of the Brooklyn Board of Health, for the year 1876, affords evidence of the dangerous character of the disease; the number of deaths from whooping-cough reaching 190 which equals 1.53 per cent. of the deaths from all causes, coming next in fatality to scarlet fever, while the report for the week ending, August 26, 1882, at a time when the disease was epidemic shows 21 deaths. The last point, that upon which most of those who have written agree, is that of its incurabilty, that is, the breaking up of the disease before it has run its specified course. In this opinion many

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physicians concur, and there has grown up, from this confessed incapacity of the profession to treat the disease successfully, a belief in the minds of people generally, that a child will do as well in whooping-cough without, as with a physician.

The contrary of this is true. There is no disease more amenable to the remedial influence of medicine than whooping-cough for not only may it be palliated, but the paroxysms may be lessened in force and frequency by judicious treatment, and the disease broken up and destroyed. From time to time there has been advocated various specifics for whooping-cough which after obtaining more or less notoriety have been discarded as valueless. It is here where the error has crept in, in the vain endeavor to find specifics when none exist. The futile pursuit of a shadowy, ever vanishing medical philosopher's stone, which has always been the bane of medical research. Whoever would hope to cure this disease must dismiss from his mind at once and entirely any hope of success from merely routine treatment, and must adapt his remedies to each individual case, and he who can individualize best, can cure most rapidly and thoroughly. The remedies most in repute in the treatment of whooping cough are:

Aconite.—Any hard wheezing cough, worse at night with febrile symtoms.

Acid Hydrocyanic.—Symptoms of laryngismus stridulus, convulsions.

Ammonia Bromide.—Deep cough, causing pain in the stomach. Cough at short intervals, expectoration tough and stringy.

Belladonna.—During catarrhal stage, profuse bronchial secretion. Congestion of the head. Of special benefit during dentition.

Corallium Rubrum.—Violent spasms of cough, loss of breath, with blackish or purplish color of face.

Cuprum.—Violent long-continued cough, with exhaustion, convulsive movements. Threatened death from collapse of air cells of the lungs.

Drosera.—Severe paroxysms of hoarse cough, worse after midnight, hemorrhage from mouth and nose.

Grindelia—Catarrhal stage, profuse secretion of mucus, with much dyspnea.

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Gelseminum.—Spasmodic stage, spasm of the glottis threatening suffocation, prostration.

Ipecac.—Bronchitic or pneumonic complications.

Naphthalin.—Severe spasmodic cough, said to be almost specific.

Arnica.—Soreness all over as if bruised, child cries when the cough is felt coming on.

As a palliation in severe or obstinate cases, the use of the vapor of cresolene, a product of coal tar, will be found beneficial, reducing the force of the paroxysms, and probably aiding recovery. This is an adaptation of the "vapor of the gas house," which has so long been in repute for the relief of this disease.

R. F. Underwood, M. D.

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*PRAYER AND FAITH, AS CURATIVES OF DISEASE.**

As physicians, we have been taught that the only way in which a pathological or diseased condition of the human organism can be changed into a normal or healthy one, is by the administration of proper remedies, combined with such other treatment as the case demands.

We are therefore inclined to look with mistrust and suspicion on cures that are wrought by other agencies than those laid down by the authorities; and more especially are we skeptical in regard to any which claim to emanate from supernatural sources, or in which the ordinary operations of nature's laws seem to be interrupted by divine power, in order that a cure may be effected.

Cases of this kind, however, are frequently brought to our notice, and just at this time there seems to be an unusual number of these miraculous cures being reported, chiefly from the many camp-meetings, and other religious gatherings which are held at this season of

*Presented to the West-Side Medical Society,

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the year, and some of these cures seem, at first sight at least, to be so well authenticated, and to bear such marks of genuineness as to deserve investigation.

When we come to consider the subject we find that the whole matter quickly resolves itself into the simple question: Do nature's laws in health and disease pursue a fixed and unvarying course, certain effects always following certain causes, or can human beings by direct appeal to the Infinite Ruler of the universe, induce him to so set aside or overrule the laws of nature, as to cure persons who are diseased, by a direct manifestation of His power? This is a question, I think, which but few men have either the time or inclination to investigate or answer, even assuming that it is capable of being answered. We are apt to approach a subject of this kind with a sort of superstitious awe, as bordering too closely on the domain of theology, and to feel as if we are about to do a sacrilegious thing by inquiring into such matters.

Religion and politics are subjects upon which honest men may fairly differ, and the greatest glory of our Republic is that we give every man the very largest liberty of opinion as touching matters of this sort. We live in a day of progress and enlightened thought, when education and knowledge are within the reach of all. The times favor free thought and bold expression. Men are less and less inclined to receive their views second-handed, especially as the present time affords advantages for forming correct and reasonable judgment, which our ancestors never enjoyed. Faith, however venerable, that hesitates to submit its dogmas to reason and candid investigation, is already dying, if indeed, it is not virtually dead; and any form of religion which requires men to lay aside their common sense, and reasoning powers, will no longer be accepted. Miracles, and belief in them have disappeared in proportion as education and a knowledge of natural laws have been diffused. Miracle-cures, sorcery and witchcraft were always based on the delusions of ignorance and superstition. Do these cures which we are now considering rest upon any more substantial basis? I believe that it is not only our privilege, but also our duty as physicians and reasoning men, to meet these subjects in a spirit of fair and candid inquiry, and if we find upon due investigation that sick people can be cured by praying for them, it will be a great step gained toward benefiting humanity; we will

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then tell our patients to "throw physic to the dogs," and get down on their knees.

I am convinced, however, that any one who sets out to investigate cases of this kind with any hope of finding the cures verified, will only meet with disappointment; unless, perchance, his success prove much greater than my own in that line, for I have not been able to discover even one, which might not fairly be accounted for in a perfectly natural way, or attributed to the imagination of the person supposed to be cured.

I will briefly refer to one or two recent cases where the prayer test has been fairly tried, and we will see what results were achieved.

A year ago the life of President Garfield, hung trembling in the balance. The issue between life and death seemed equally joined. Men of all shades of political belief, forgot for the time being their animosities, and joined in an earnest, heartfelt wish that his life might be spared, and anxious eyes everywhere watched for the least scrap of news relating to his condition. If he were to die, chaos and confusion in the affairs of the nation seemed imminent. Just at this crisis, when the chances for life or death seemed even, a day was set apart on which the whole nation were to join in earnest, united prayer that the life of the President might be spared. Business was everywhere suspended. Churches of every denomination—Catholic, Protestant and Hebrew were crowded, and the united prayers of the whole nation were concentrated on that one object. Certain it is that so great a volume of earnest prayer never went up for any object before. It was the heartfelt petition of fifty millions of people. What was the result? So far as human observation could discover, *nothing*. Certainly his condition was not changed to the extent of one pulse beat. Gradually he sunk and died, and the whole nation mourned as for a father.

Some months ago one of our great financiers was lying very sick, and the best medical skill seemed powerless to aid him. Vast pecuniary interests were involved in the question of his life or death, and the daily papers were scanned eagerly by thousands, for the latest reports from his bed side.

One day the intelligence was flashed over the wires that the sick financier had been wonderfully cured by the prayers of certain good people who had taken his case in hand. A full account of this marvelous occurrence was published in almost every newspaper in the

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land. A few days after, however, came the report of an interview with his attending physician, who stated plainly that the man had *not* been cured by prayer, or by anything else, for that matter, but was still as sick as ever, and this indeed, proved to be the case, for he died a few weeks later.

Let me refer to another case in point, which is just now very fresh in our minds—the death of Captain De Long, and his brave little band of Arctic explorers.

"We are in the hands of God, and unless He relents, we are lost!" These pathetic words were written by the heroic commander of the Jeannette expedition, a few days before his death in the wintry solitudes of Siberia. Captain De Long was a religious man. His last entries in his journal, which lay near his dead body, show this. Again and again he speaks of reading prayers. Thus, on the very day he wrote the sentence I have quoted, we also find the following: "Missed Lee—went down in a hole in the bank and camped—sent back for Lee. He had lain down and was waiting to die. All united in saying the Lord's Prayer and Creed—strong gale of wind—Horrible night."

But the powers of nature were relentless. The fast failing band of explorers sought help in prayer as instinctively as children turn to their father for aid in distress. There was no kind answer. The white earth, the cold sky, the icy wind seemed to ask in the mocking words of the English poet: "Shall gravitation cease when you go by."

Now what do we reasonably gather from all this? Simply that nature's laws are inexorable and unchangeable, and know nothing of mercy to man; and while the power to change their operation is involved in the very idea of God, people are every day less and less disposed to believe that the power is exercised.

"The great cosmic forces," says John Stuart Mill, in one of his most impressive essays: "go straight to their end without regarding what or whom they crush on the road. Nature impales men, breaks them as if on the wheel, burns them to death, crushes them with stones, like the first Christian martyrs, starves them with hunger, freezes them with cold, poisons them with the quick or slow venom of her exhalations, and has hundreds of other deaths in hideous form, in reserve, such as the ingenious cruelty of a Nabis or a Domitian never surpassed."

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This view is indeed terrible, but if it be true, religion should recognize the fact, and not uniformly teach the existence of a benignity in nature which is not confirmed by experience.

Just now we are hearing great things of one Dr. Cullis, of Boston, an unmitigated fanatic on the faith cure. People flock to him from all parts of the country, afflicted with all sorts of diseases and he professes to work a miraculous cure, simply telling the Lord the thing has got to be done, and the sooner it is done the better. This method is, to be sure, open to the objection of putting the Lord in the place of a servant, and of elevating Dr. Cullis to the abdicated place.

One of his patients, a poor weman, went to him with hip disease, a difficulty which we all know is not easily cured by medicine, much less by praying, and he managed to get her in such a state of pious exaltation, that she left her crutches behind her and hobbled off declaring that she was cured, and the miracle was published far and wide.

On being closely questioned, however, she admitted that her hip pained her about as much as ever, and she could get along a good deal better with the old crutches than without them. After a while her exaltation reached such a point, that confinement in an asylum became necessary, and there she still remains. The religion which Dr. Cullis teaches simply makes a farce of faith, and compels a man to lay aside his sturdy sense and become a lunatic before he can become a Christian.

In reply to a letter of inquiry, which I sent to my friend and former classmate Dr. A. W. Forbush, of Boston, I have received the following from Dr. H. G. Newton. His letter is a long one, and I will give extracts only:

354 Tremont Street,
Boston, Oct. 13, 1882.

C. W. Dunlop, M. D.,

My Dear Sir:—I have been requested by Dr. Forbush to answer yours of the 5th inst., in regard to Dr. Cullis and his so-called faith cures. Such things are regarded by the most sensible people here, either in or out of the church, as chimerical or imaginary. All the alleged cures are only attested to, and witnessed by parties whose prejudice and superstition, or religious notions, lead captive their

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reason, judgment and plain common sense, and so far stultify their minds as to render them very, if not totally, unreliable as witnesses in such cases. * * * The longer I live and the more closely I investigate, the more firmly am I convinced, by indubitable evidence, that not only in the case referred to in your letter, but in all cases, where any pretension is made to a knowledge of the supernatural, or to the possession of gifts, graces or power, there is inseparably woven, though insiduously concealed by sheep's clothing, an element of mendacity whose reptilian turpitude is more befitting a Jesuit than an honest man.

Now I speak that I know, and testify to that which I have seen, when I warn you, and all other younger members of our profession, that this is done by men whom I know to be "stealing the livery of Heaven to serve the Devil," in and because they truly imagine, as one of their number told me confidentially, that there was no better business in the world than playing on the credulity of human nature."

Fraternally Yours, HORATIO G. NEWTON, M. D.

In considering this subject we must bear in mind the great army of quacks and impostors who make a living by working on the credulity, superstition and ignorance of mankind; and if we want the key to the alleged cures, we find it at once in the imaginations of those supposed to be cured. Every physician in the hall this evening, knows how great is the power of the mind in producing or curing disease. It may almost be said that if a man fully believes that he is sick, *he is sick*, and if he can be made to think himself well, *he is well.* Here then I think is the whole matter in a nut-shell, especially when we remember also that there is a large class in every community who really seem to take delight in being humbugged. As the poet says, in Hudibras:

"Doubtless the pleasure is as great,
Of being cheated, as to cheat."

We must remember also that these things never lose in the telling, but grow, faster than a rolling snow-ball, at each repetition, and when we probe down to the actual facts, we find that there is "great cry but little wool," or, none at all generally. The tendency to exaggerate is almost second nature with many people, and with Americans especially it is proverbial. We all remember the boys wonderful story of "over a thousand dogs, in our yard" which vast army of

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canines quickly dwindled under sharp questioning to "*our Dash and another one anyhow.*" So it is with there marvelous prayer cures, if we receive them at all it must be "*cum grano salis.*"

It is most astonishing to what a pitch sane people can be worked up, by such men as Cullis. Some years ago when the great tempeance agitation was going on in Ohio and other parts, I attended a monster meeting, at the Hanson Place M. E. Church, Brooklyn, one evening. Dr. Dio Lewis was the "big gun" of the meeting and succeeded in working up the assembly to a great pitch of excitement. Finally he went so far as to say that every liquor saloon in Brooklyn, would be closed in one year by the prayers and faith of the people, and he requested that everybody who had faith to believe that the saloons would thus be closed by prayer to stand up, adding that if any had any doubts to sit still. Everybody in the whole assemblage stood up except myself and an old gent on the next seat who was fast asleep. I need hardly add that the saloons are all open yet.

By way of giving both sides of the question, it is perhaps only fair that I should give a few instances which have come under my observation, in which the prayer test seemed at least to be successful. One of these has been published in the daily papers within the last few days.

A series of revival meetings were in progress in the Union Avenue Baptist Church, Brooklyn, under the leadership of O. W. Garford, a lay preacher, and Robert Hughes, a gospel singer. The conversions were numerous and so were the bills for gas, rent and other expenses. Finally the exchequer became so low, and the creditors so importunate, that the two good men resolved to spend a whole night in prayer that Heaven would send them the sinews of war to carry on the campaign against Satan. It was with eyes filled with tears of joy, and hearts full of thankfulness, that on the very next morning by the first mail they received a check for $50 enclosed with a letter both signed by T. L. Creamer, 583 Washington Ave., Brooklyn. In the letter Mr Creamer stated that his nephew who had been a wild and dissipated youth, had been converted through the earnest labors of the evangelists, and that he therefore thought he ought to contribute something to help along the revival. The check was drawn on the Mechanics Bank, of Brooklyn, and the revivalists felt that it was a direct and most remarkable answer to their prayers for Divine aid, and gave thanks accordingly.

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In the afternoon, however, the check was returned from the bank and across the face of it was traced with a blue pencil, the strange characters "*N.G.*" To say that the brethren were *mad*, don't begin to express it. There was no such depositor in the bank by that name.

Another case recently occurred to a good man in Ohio, not however that truly good and pious man, Deacon Richard Smith, of Cincinnati, but a most worthy minister living near Ashtabula, Ohio. Like many other good men he was sorely perplexed to know which ticket he should vote at the last election. A happy thought finally struck him. He made the matter a subject of special prayer and on the morning of the election he caused his good wife to fold both tickets exactly alike and put them in his vest pocket. After another season of prayer for Divine guidance he put on the vest, walked up to the polls, shut his eyes, thrust his finger in his vest pocket, deposited the first one he came to and went home. What was his mortification to discover that he had voted an order for *a barrel of cider* which he had in that unlucky pocket. He lost not a moment in reaching the polls and explaining matters to the poll clerk, but the latter was obdurate, no tampering with the ballot box could be allowed, no not for a dozen barrels of cider. The dominie waxed wroth and so did the poll clerk. The dominie laid violent hands on the box and the poll clerk smote him grievously between the eyes. The dominie then fell into the hands of the Philistines and spent the night in the lock up, and paid $10 fine next morning. Worst of all he had to hire another man to preach for him the next Sunday, his eyes both being in mourning for the loss of the barrel of cider.

I will refer to one more case only, and in it the good results of prayer were so prompt and astonishing as to fully convince the most skeptical.

Near the City Hall, in Brooklyn, is a place much frequented by merchants and politicians, who resort thither to discuss politics and slake their thirst in foaming mugs of first-class beer, which is dispensed by a round faced, jolly and good natured man whom I will call *Chris*, (as that is his name). One warm afternoon two years ago while Chris was leaning idly over his bar reflecting doubtless on the mutability of all human affairs, and gazing abstractedly on a pile of freshly varnished pretzels, the place was suddenly invaded by a band of ladies. Chris was puzzled, but his fingers instinctively caught the handles of

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six beer glasses, and his feet moved briskly toward the keg. The ladies quickly explained to him that the object of their visitation was not beer but prayer, they were come, in short, to pray for the closing up of the place, and all others of a similar sort.

This was doleful news to Chris, but being a man noted for his gallantry, he quickly swept a place in the saw-dust and told them to go ahead which they proceeded forthwith to do. The novel spectacle of a half dozen ladies praying and singing in a beer saloon quickly drew a crowd, and Chris was kept very busy drawing beer. Presently the rush of visitors was so great that the lazy darkey who blacks shoes out side the door was pressed into service as assistant bar-keeper, and the five kegs of beer which were intended for the day's supply were quickly exhausted and ten more ordered, which in turn were quickly emptied by the thirsty souls who flocked in from every quarter. After a time the ladies suspended operations and took their departure followed by an army of small boys, and the blessings of Chris who had thanked them from the bottom of his heart and invited them earnestly to come again soon. All through the evening and late into the night the visitors flowed in to discuss the unusual proceeding, and it was two o'clock in the morning before Chris could find time to wipe the perspiration from his manly brow, and take a long breath. The money drawer was full, the saloon was full and the visitors were full, and the unfortunate darkey behind the bar was ready to drop dead with fatigue.

Now mark the results. Encouraged by the good fortune of Chris, two other beer saloons were opened within a week on the same block. If any body sets in to convince Chris that no good results follow prayer, they will have an uphill job of it On any bright afternoon he may be seen looking anxiously up and down the street, hoping for another visit from the good ladies, but

"They come not—they come not!"

C. W. Dunlap, M.D.

33 Bond Street, New York City.

Dr. F. W. Kohler, of Louisville, performed resection of the stomach for cancer on September last. This operation is stated to be the first of its kind done in American.

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A SCHEME FOR THE MORE COMPREHENSIVE STUDY AND PREVENTION OF SO-CALLED ZYMOTIC DISEASES.

PROVISIONAL OUTLINE.

THE theory of creative evolution has placed the study of the genesis of species on a scientific basis. The germ theory promises as much for medicine. A richer fruition will result if the germ theory be studied by the light of evolution. We have seen its application in the animal and vegetable world; it has been extended to the sociological aspects of life, etc. It may be applied with advantage to the study of disease. Disease is not an entity standing alone. It should always be considered in its relation to the cosmos. Buckle, in his "History of Civilization," vol. iii., p. 447, tell us that the great glory of Hunter as a pathologist was that he formed the grand conception of a universal pathology. Buckle says: "With him [Hunter] the science of pathology did not mean the laws of disease in man alone, or even in all animals, or even in the whole organic kingdom; but it meant the laws of disease and of malformation in the entire material world, organic and inorganic. His great object was to raise a science of the abnormal. He determined to contemplate nature as a vast and complicated whole, exhibiting indeed at different times different appearances, but preserving amidst every change a principle of uniform and uninterrupted order, admitting of no deviation, undergoing no disturbance, and presenting no real irregularity." In the views herein set forth there is then nothing new, except perhaps in the method in which they are set forth. It is one which has occurred to many minds. There is a tendency at the present time to consider disease in its relation to evolution. The papers by Dr. Airy, Dr. Roberts, Surgeon-General Gordon, and Mr. Millican indicate the direction in which this current is setting. The principal zymotic diseases are small-pox, scarlatina, measles, whooping-cough, diphtheria, cholera, and typhoid. We have evidence to support the view that these diseases are caused by micro-organisms. There diseases must be studied in the same way that the naturalist studies animals and plants. The naturalist, when engaged in the study of the *life-history* of any

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individual animal or plant, looks in a broad-world point of view at his subject, and by the aid of evolution throws light on the genesis, distribution, development, transmutation, and varieties of each animal and plant. The scientific physician must approach the study of disease in the same way.

The following is an outline of what I believe should be done:—

1. *The Genesis of Contagium Vivum.*—Under this head will be included the life-history of each form, tracing it as far back as possible. Evolution does not tell us when each seed, as, for instance, that of the oak or the ash, first appeared. We can only go as far back as the historical period extends; so we cannot expect to be able to reach the ultimate stage when each disease first appeared. Evolution fixes in what part of the globe each plant examined first appeared, as the scientist not only traces back to the earliest period its existence, but also, by the study of its habits, is able to determine the zone in which it could exist. As regards the genesis of each individual disease germ we must apply the general principles of evolution.

2. *Reproduction.*—Under this head will be considered the mode of reproduction, whether slow or rapid, whether the seeds are derived from seed forms, or whether multiplication takes place by fission. Example: Drs. Dallinger and Drysdale's experiments on the life-history of some monads. These observations are models of what is wanted.

3. *Development, Maturity, and Decay.*—Duration of life in each form of contagium. How long may it be preserved? Average period of existence in mature and embryonic form. Morphology and physiology.

4. *Laws Controlling Contagia, &c.*—Special seasons of activity; the influence of environment on each disease; sanitary conditions and relation to physical phenomena; influence of oxygen in the atmosphere; heredity, variations; crossing or transmutation; susceptibility; relation of the habitat; progressive development of types; application of analogy of laws regulating plant life.

5. *Distribution in its Geographical Relations.*—Influence of climate; atmospheric variations; warmth, moisture, winds, barometric, electric, thermic disturbance, &c. Secondary natural influence; currents; winds; animals, transport by. Effects of human interference. Example: Measles introduced in to Fiji Islands. Migrations. Effects of

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cultivation by civilization. Effects of extinction of diseases by sanitation, similar to extinction of weeds in the plant world. Distribution of disease in zones. Relation of disease to flora and fauna. Natural selection for localities. Latitudes in which diseases are found. General method of diffusion.

6. *Geological Distribution.*—Nature of soil, subsoil, alluvium, clay, &c.; rock. Mountain, valley, or plain; drainage; swamps; watershed; rivers; lakes.

General Preventive Measures.

These can only be secured by establishing, as it were, a sanitary cordon round the world, and by the combined investigation of disease by an international method,—London, Paris, Berlin, Vienna, Brussels, &c., to be in communication, so that the heads of sanitary bureaux in each country may know the sanitary state of each country. This could be done by maps, charts, and records, to be framed and kept on a uniform plan. The incidence of disease in individuals and communities will be noted; sex, age, color, nationality will have their proper place assigned; sporadic, endemic, and epidemic states will be considered in relation to causation. Hygiene will thus be carried out in a cosmic spirit; all those minor considerations as trades and professions will be examined in their relation to disease; whilst the value of food, pure air, water, &c., will be also appraised.

Vast statistics on almost every point connected with disease will by these means be secured, and conclusions drawn therefrom. Thus will be obtained the sum of the conditions of the causes and propagation of disease; thus will be found the varying effects of climate and and other agencies; and, above all, we shall learn the value of preventive measures necessary for its eradication. We have not as yet in England arrived at an appreciation of some of the simplest elementary truths in reference to prevention; for instance, the notification of infectious diseases and hospital accommodation for them are two of the first essentials. They should be State regulations. Each town is now allowed local option as to what it shall do. It seems Quixotic to attempt a broader scheme in the face of the prevailing indifference or disregard for both these measures in England. Prevention and spread of disease are not only State questions, but they have a cosmopolitan interest. Now that communication between different

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countries is so rapid and so much facilitated by steam, the health of one country is of vital interest to all countries; causes operating in England may affect France and *vice versa*. For example, let us take the sanitary state of Hull. Hull is a seaport town. Let us look at the sanitary state of this town in the year 1881. In consequence of the prevalence of scarlatina the Local Government Board sent down Dr. Airy to inquire into the sanitary condition of the town. Dr. Airy held the inquiry on the 9th and 10th of March. The medical profession of the town submitted a memorial from which I extract a few items. The memorial sets forth that the outfalls of the sewers are blocked for sixteen hours out of the twenty-four, and that the ventilation of the sewers is most defective. The present mode of collection of night soil is very inefficient, being effected irregularly in open carts. Refuse is deposited in various parts of the town on unused plots of ground. The connexion of houses with the main drainage is notoriously insufficient. New houses are not examined during the course of erection as to their drainage and other sanitary arrangements, and building sites are frequently formed by the filling up of disused brickponds with animal and vegetable refuse and street scrapings. The Artisans and Laborers' Dwellings Act and the Sale of Food and Drugs Act are not properly carried out, nor are the sections of the Public Health Act dealing with offensive trades and the smoke nuisance. A reservoir supplying water to the town is uncovered, though exposed to the foul emanations issuing from fish and bone manure works in close proximity. The hospital accommodation for cases of infectious disease occurring in the town is totally inadequate, especially in view of the special danger to Hull arising from its close and frequent communication with the Continent. Disinfection is not undertaken by the local authorities free of expense, and the charges which the Corporation make no doubt deter many people from having their disinfection properly done. There is no mortuary in the town, and the means adopted for the prevention of epidemics are generally inadequate. This is a sad picture in the nineteenth century. Hull in this insanitary condition is a danger to the world. She may distribute scarlatina by ship as well as wind and wave currents. At present health officers of different countries are ignorant of the general sanitary state of other countries. Under my system the state of Hull would be known. Perhaps a friendly communication might be made by some foreign State to the Minister of Public

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Health in England to look after the sanitary state of Hull if this international system were at work.

My leading ideas are—1. That the sanitary authorities of each country should work on one uniform plan and under central direction. 2. That all sanitary authorities in every country should interchange maps, &c., and that the methods of recording disease should be the same. It is easy to draw up forms for international use. I have given one quotation from Buckle. I shall conclude with another, as an excuse for not tracing in detail the way in which diseases have originated or spread:—"To do this would require a learning and a reach of thought to which hardly any single man ought to pretend, since it is one thing to have a perception of a large and general truth and it is another thing to follow out the truth in all its ramifications, and prove it by such evidence as will satisfy ordinary readers."—*The Lancet.*

DIAGNOSIS AND TREATMENT OF TUMORS OF THE BLADDER.

The case of successful removal of a tumor of the bladder reported by Sir Henry Thompson at the last meeting of the Royal Medical and Chirurgical Society will no doubt awaken fresh interest in this important subject. We will not here repeat the many points dwelt on in the subsequent discussion, but would refer to two only—the difficulty of diagnosis, and the safety of Sir Henry's operation. All the speakers touched upon the former, none questioned the latter. From the discussion and records of cases it seems evident that while there are few removable bladder tumors, and many unremovable ones, which can be reasonably diagnosed to be such during life, there is a large number of cases in which, with only his present means, the surgeon must remain in doubt. All that is wanted in this case is to be able to *feel* the tumors. In the female, where the finger can be easily passed through the urethra, and the whole interior of the bladder explored, the diagnosis of these tumors can, we presume, always be made. Sir Henry Thompson will have done great service with his paper if it helps to draw attention to the ease and safety with which the male bladder can be thoroughly explored through a wound from the perineum into the membranous portion of the urethra. Such a wound does not interfere injuriously with the neck of

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the bladder, is easily made with precision, and heals readily. Every part of the viscus can be explored through it, without violence or risk, and medium sized tumors, at any rate, can be removed through it. Whether the medium incision into the urethra be the best for removal of tumors in all cases we are not now anxious to show ; its superiority over others for purposes of diagnosis we venture to think none would question, and we would recommend that in any case where a tumor of the bladder is reasonably suspected, and where other means of examination have not demonstrated that it is unsuitable for removal, the bladder should be explored by this safe and efficient means.—*The Lancet.*

A FOREIGN BODY IN THE AIR PASSAGES.

Dr. A. E. Benthall relates a case (*British Medical Journal*) which is of interest from the length of time the foreign body was retained. The patient, a strong, healthy man, had been shooting with a blow-pipe and dart and when he was about to blow the dart from the tube, coughed suddenly, and by the force of the inspiration the dart was drawn into his mouth. The patient supposed he had swallowed it, but Dr. Benthall, from the history of the case, etc., concluded it was lodged in the right bronchus. The dart was made of a strong needle two inches in length, around the blunt end of which a quantity of worsted was wrapped, sufficient to fit the half-inch calibre of the blow-pipe tube. For two days slight pain in the region of the bronchus was experienced, and a little cough with expectoration streaked with blood. Third day he had a violent fit of coughing with slight hæmoptysis. He remained very quiet for a forthnight, but upon resuming work had violent fits of coughing every three or four days with slight hæmoptysis and a taste of worsted in his mouth. This continued at intervals for eight months, when a violent fit of coughing brought up the thick end of the needle with some of the worsted still attached to the eye, together with a little blood. The piece of needle about an inch in length he extracted himself from the roof of his mouth. Six hours after a similar fit of coughing brought up the point of the needle. The needle had rusted completely through the middle.—*Chicago Medical Review.*

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